

THE AMERICAN JOURNAL OF NURSING

VOL. XXV

OCTOBER, 1925

No. 10

FIFTH MEETING OF THE INTERNATIONAL COUNCIL OF NURSES

HELSINGFORS, JULY 20-25, 1925

DURING THE Congress of the International Council of Nurses, July 20-25, the sun shone upon Helsingfors in all the radiant beauty of the far Northern Summer. The days were long and twilights iridescent. The splendor of the sunshine was rivalled only by the gracious and affectionate quality of the hospitality of Finland and of Finland's nurses.

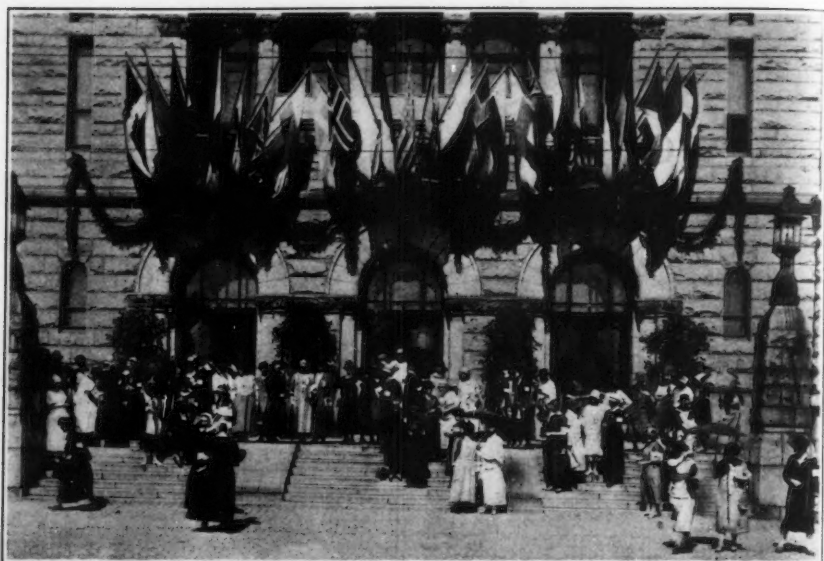
When Finland was announced as the place of meeting of the first Congress since 1912, meetings necessarily having been interrupted by the war, one heard on all sides, "Why Finland?" After the first day, members of each national group could be heard saying, "Could *we* ever attain such perfection of organization and hospitality?"

Finland's total population is about that of Chicago, and Helsingfors is a small city, but Finland's nurses are progressive and enjoy a position of such distinction that city and state cooperated with them to make a brilliant success of what one of their own daily papers called an "audacious enterprise" for a country which has had political freedom for less than a decade, a success that should be heralded wherever nurses are. Words ill convey the feeling of admiration roused

in nurses of all nations for the marvelous genius for organization that lay back of all that was done for the guests of Finland.

Many a nurse heartily agreed with the witty speaker who wished that she had been born in the Tower of Babel: but language difficulties were cleared away for English speaking people by the magic of careful thought and hard work. Like all Europeans, many of the Finnish nurses are proficient linguists, but fifty of them studied English for a year before the Congress, in order to facilitate their arrangements. Smiles, frowns, numerals and colors are all matters of universal understanding. All but the frowns, those were never needed, were freely used. Color and numbers on banners and signs were in evidence when large groups were to be transported. The brown rosettes of the Committee on Lodgings were clearly in evidence even as delegates approached the piers in Helsingfors' beautiful harbor. Personal escort was provided and hotels, hospitals, homes and hearts were thrown open. From that moment every guest felt wrapped about with gracious thought.

On arriving at Headquarters in the handsome State House, which quite



ON THE STEPS OF THE NATIONAL THEATER, WHERE ALL GENERAL SESSIONS WERE HELD
Note our Miss Goodrich moving off with characteristic energy.

amazingly was given over to the Congress, each guest on registering was presented with an individual folder containing her local address and telephone number, program, invitations (personally, addressed!) and all necessary instruction. Invitations to luncheons and dinners had seating plans printed on their backs, with the proper seat number indicated. Invitations to receptions and large gatherings indicated the group to which the holder belonged, in order that all would move comfortably and without confusion. Americans are not generally credited with humility but, with all our boasted efficiency, we have never accomplished so finished a piece of organization as this.

MUSIC AT THE CONGRESS

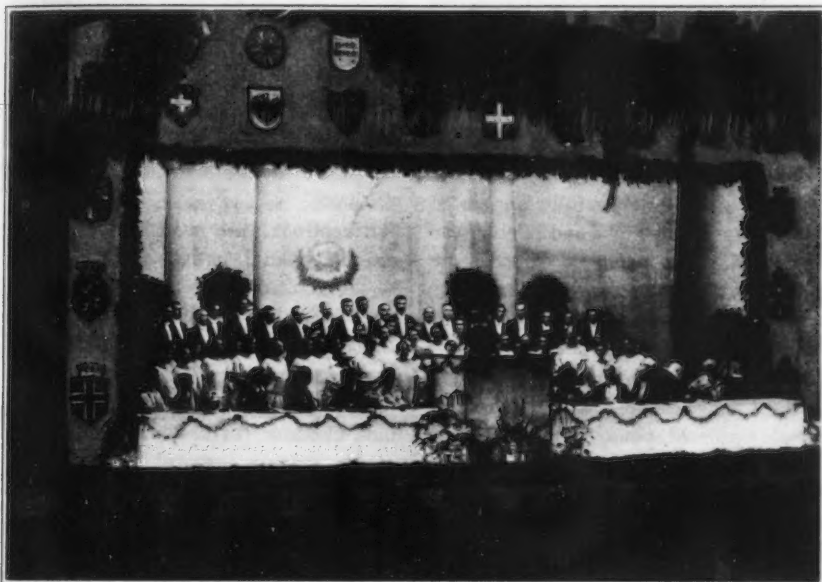
The Congress opened most fittingly, since Finland is a singing nation, with a special musical service in stately



ST. NICHOLAS CHURCH

St. Nicholas Church, the veritable crown of the city. The National Chorus, Suomen-Laulu, sang, among other numbers, a hitherto unpublished composition by Sibelius, Finland's great composer. Bishop Joakko Gummerus, preaching a powerful sermon on "Love Suffereth Long and Is Kind," said, "We

luncheon given by the League of Finnish Nurses and music was provided nightly by the chorus of "little white nurses." Few sights are as stirring to the hearts of nurses as groups of sister nurses in uniform. These nurses, long in training in order to give pleasure to their guests, roused storms of applause



OPENING SESSION—NATIONAL CHORUS (SUOMEN-LAULU).

Note the seals of the Nations which were especially arranged for the Congress. The emblem of the I. C. N. shone out from the center of the back drop.

call you 'Sisters' in love and tenderness as well as in honor and esteem," and stressed the point that what is done by one is done by all.

The spiritual note was sounded frequently by Convention speakers, for a number of addresses closed with a reminder that a nurse's sublimest attribute, compassion, came down to her from Christ Himself.

Suomen-Laulu sang again at the

every time they appeared, so beautifully did they sing and so generous were they with their encores. We print elsewhere the words of the Nurses' Song, prepared especially for the Congress by a Finnish composer in the hope that it may some day become the song of the International. Finnish music has a somber tone, perhaps because it has not long been a happy country, but the composition is one of real beauty.

SOCIAL EVENTS

Have you ever thought that you would like to have the characters in your favorite novel come to life? That is exactly what happened to many a nurse attending her first International meeting. People who had been names only, appeared in the flesh; they dined and lunched and walked and talked with less well known folk, in addition to taking an active part in programs.

Who that attended can ever forget the charm, dignity and commanding presence of Baroness Mannerheim, President of the International Council, presiding at the delightfully appointed dinner on opening night and offering the toast, "May the neighbor of today be the friend of tomorrow." Can they ever forget such careful thought as that which, at that dinner, put the Editors of the *British Journal of Nursing* and of the *Finnish Journal* within conversational range of your editor and that provided opportunity for exchange of opinion with a representative from Holland, one from New Zealand and one from Iceland?

Many bearers of names distinguished in nursing were there. Not all can be enumerated. Among them one recalls Mrs. Rebecca Strong, of Scotland, who organized the first preliminary course in any school of nursing; Sister Bertha Wellin, member of the Swedish Parliament; Miss Huxley, of Ireland, who developed a central school of nursing away back in the '90's, a school which now has fourteen participating schools; Nina D. Gage, of China, first dean in any school of nursing. A charming ceremony was that of admitting to Honorary membership in the Finnish Nurses' Association, a group of dis-

tinguished women, including the Misses Maxwell, Nutting and Goodrich,—Miss Nutting's pin and flowers being received for her, by proxy, by Isabel M. Stewart.

Even with twenty hours of daylight, the days were not long enough for all that was to be done. The social scene shifted rapidly from the Finnish Association dinner to the Finnish League luncheon, where Miss Goodrich made one of her most inspirational speeches on the theme of mutual understanding, for, as she said, "We need each other very badly," and where Kylliki Pohjala, of Finland, made a brilliant speech of welcome.

Receptions were given at the British and American Legations, and American nurses flocked to be received by "the man from home." The Finnish Red Cross, with General Mannerheim, distinguished brother of Baroness Mannerheim, head of the military organization and liberator of Finland,—receiving, gave a charming reception at a Casino on one of the beautiful waterways so characteristic of the country.

The Garden Fete given by the Municipality of Helsingfors was unique and full of interest. The entire Congress was transported to a wooded island where have been preserved relics of the early life of Finland; log huts with carefully collected primitive equipment, such as wooden plates and bowls; an early chapel and a church boat such as is still used in remote parts of the country. Here, too, was presented in quaint and colorful native costume, a program of the carefully collected folk music and folk dancing. As the throng in attendance set forth by boat to return to the city, the whole gay company of performers, members of the Broge



FOLK D

Society
ancien
bank,

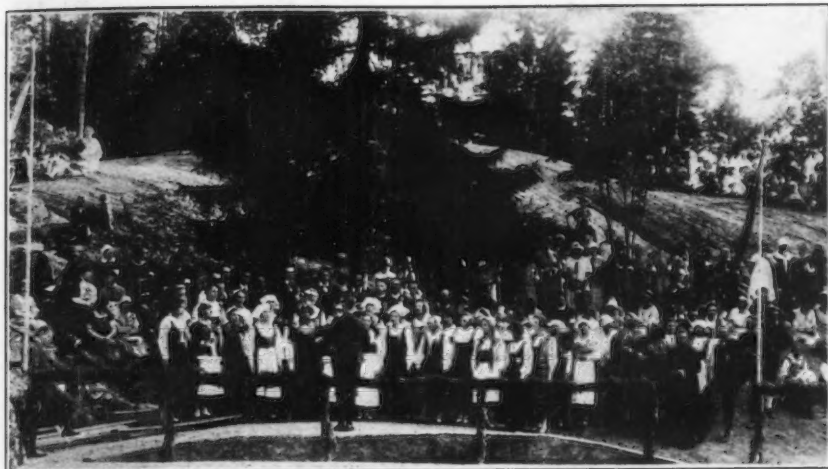
Hig
guests
and M

The
oppor
Finlan
water
group
were
every
with
Jentic
Sister
Meta
tal, o
Sister
Chilo
Olms
Socie
other
cess
and
T

he Misses
ch,—Miss
g received
. Stewart.
daylight,
gh for all
cial scene
ish Asso-
n League
ch made
speeches
standing,
ch other
Pohjala,
peech of

e British
American
by "the
ish Red
im, dis-
Manner-
nization
ceiving,
Casino
ways so

by the
unique
e Con-
wooded
l relics
g huts
equip-
brows;
t such
of the
ted in
me, a
d folk
hrough
return
ny of
Broge



FOLK DANCING IN COSTUME, BY MEMBERS OF THE BRAGE SOCIETY AT THE MUNICIPAL GARDEN
FETE AT FOLISON

Society for the preservation of the ancient culture, seated on the rocky bank, sang a touching farewell.

Highest honor of all, delegates and guests were received at tea by President and Mrs. Relander at the Palace.

The boat ride on the last day gave opportunity for enjoyment of some of Finland's loveliest views of land and water and of much final visiting from group to group. Thirty-three countries were represented at the Congress and every person wanted one more word with Sister Agnes Karll, of Germany; Jentie Patterson, the Truby King nurse; Sister Bergliot Larsson, of Norway; Meta Kehrner, of Holland; Mlle. Chaptal, of France; Jean Brown, of Canada; Sister Hedwig Birkner, of the famous Children's Clinic, Vienna; Katharine Olmstead, of the League of Red Cross Societies, or some one of the many others who had contributed to the success of the program and to the brilliancy and worth of the meetings.

The rich and varied social program

had made possible many of those informal contacts which brought about many a discussion that will tend to make every person who attended, more flexible minded, more like minded, and so more ready for the development of a comprehensive internationalism.

It closed with the brilliant dinner on Saturday night at which more than five hundred persons were seated. Baroness Mannerheim, despite the inevitable weariness of such a week, presided with charming graciousness and presented the representatives of the five continents. These were: Asia, Lillian Wu; Africa, Bella Gordon Alexander; New Zealand, Janet Moore; America, Clara D. Noyes; and Europe, Charlotte Monck. Said Miss Monck: "I have cast about in my mind to discover what Europe has contributed to nursing. Of two things I am certain, she gave it Miss Nightingale and now she has given Miss Reimann, of Denmark, to be our International Secretary."

Lovely gifts of flowers were showered

on Baroness Mannerheim, the American nurses presenting roses tied with red, white and blue ribbon. Representatives of various countries, stirred with emotions that would not be stilled, rose to their feet as speech followed speech, and the very air became vibrant with emotion; the fundamental akinness of nurses which had so frequently been noted throughout the week, became a sentient, throbbing thing which those present felt could be relied upon to bring about that integration of the social force of nurses of which Miss Goodrich had so feelingly spoken earlier in the week. Great emotions cannot be shared! It is a pity. Every nurse, everywhere, would be the gainer could she be given something of the thrill and exultation, the reaching out of heart to heart, of that meeting. The future of the International Council of Nurses and, therefore, of nursing throughout the world is bright, for of all of the lessons of the Congress, the great and luminous one is that there are many more points of likeness than there are of difference between nurses of different nations. When we shall have fully developed these likenesses we shall find that the differences have faded away and that there really is "no nationality in nursing."

THE BUSINESS OF THE CONGRESS

What was not apparent, but should never be forgotten by those whose enjoyment was so keen, was the gruelling hard work of the Executive Committee and the Grand Council, and the steady grind of the Committees on Education and on Revision. The Grand Council, composed of the presidents and delegates of the fourteen member organizations,—America, Can-

ada, Denmark, Belgium, Germany, Italy, New Zealand, Norway, Holland, South Africa, China, Finland and India,—is composed of persons speaking one or more of eight or nine languages. English is naturally difficult for some of them and the work of a most demanding nature. The revision of the constitution and by-laws was a tremendous piece of work, presented most ably by Clara D. Noyes, Chairman of the Revision Committee, and acted on painstakingly, point by point, by the Council. The new constitution and by-laws provide for the conduct of the organization in the intervals between meetings, the election of officers, and the appointment of committees. It gives the directors power to develop an international headquarters and to secure a paid secretary, as soon as the income from the increased dues warrants it. Christiane Reimann, as Secretary, has made a tremendous contribution to the cause of internationalism in nursing without reward of any kind, for among her duties has been the responsibility for a correspondence in many languages, totalling 250 letters a month!

The difficult task of presiding at Council meetings was shared with the President by Adda Eldredge, President of the American Nurses' Association, and by virtue of that office, a Vice President of the International Council.

Five organizations were accepted into membership. Four were asked to appoint representatives until such time as they may become fully eligible, while it is hoped that those countries already having member organizations, will follow England's lead (The College of Nursing, Ltd., has now affiliated with the older national organization), by

Germany,
ay, Holland,
inland and
sons speak-
ht or nine
urally diffi-
the work of
The revision
laws was a
, presented
s, Chairman
and acted
oint, by the
tution and
duct of the
ls between
ers, and the

It gives
p an inter-
o secure a
he income
arrants it.

etary, has
ion to the
n nursing
for among
ponsibility
languages,

esiding at
with the
President
ssociation,
e, a Vice
Council.

epted into
ed to ap-
uch time
eligible,
countries
nizations,
e College
ated with
ion), by



A SMALL CONVENTION GROUP

Note the trim street uniform of the Finnish nurse in the center (front). Sister Bertha Wellin, member of the Swedish Parliament, third from right front row.

affiliating with the existing member organization and thus participate in the International Council membership. Membership is based strictly on national lines and on the principle of self-governing professional bodies.

The volume of work was great. It was conducted with the most meticulous attention to detail. Indeed, the duties of delegates are exacting in the extreme and they pay dearly but most willingly for the high honor conferred upon them.

Invitations to hold the next meeting in Canada and in China, in 1929, were considered. That from China was accepted. The Secretary, Cora E. Simpson, made a stirring appeal, saying that a meeting of so august a body in China would do much to advance the prestige of nursing in a land where high value is set on dignity. Following the

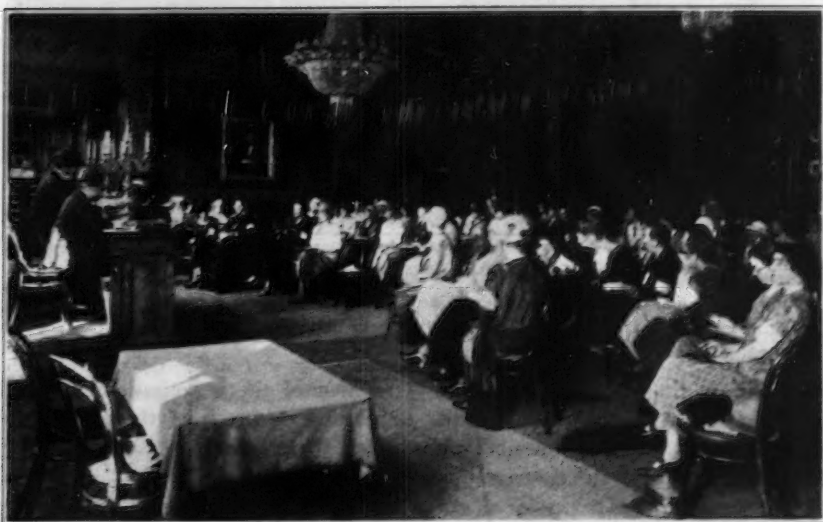
tradition of the organization, a president was chosen from the country to which the organization is going. The new officers are: President, Nina D. Gage, China; first vice president, Clara D. Noyes, U.S.A.; second vice president, Jean Gunn, Canada; treasurer, Miss Musson, England; secretary, Christiane Reimann, Denmark.

THE PROGRAM

No program integrates itself, but the building of an international program presents difficulties of unusual sorts. That prepared by Miss Stewart and her Committee for the Helsingfors meeting was carried out with remarkably few adjustments. The plan followed was that of relatively short general sessions with an abundance of round tables. Thus the General Sessions were largely given over to business or to stimulating

papers while matters of practical import to particular groups were discussed in detail, with excellent results, at the less formal round tables. The effort to have discussion of papers at general sessions proved somewhat impracticable as it was difficult to hold speakers to their allotted time.

figure in her uniform, ascended the steps to the speaker's desk and presented the distinguished men and women of Finland who appeared to greet the nurses of the world. The aim of the Congress, said she, "is to put new life into those forms which had already been made (before the war), for the organized



A TYPICAL ROUND TABLE HELD IN THE SENATE CHAMBER

The stage of the National Theater, scene of all General Sessions, presented a striking picture on opening night and throughout the week, as shown in our illustration. The proscenium drop was decorated with the seals of the nations while the emblem, I. C. N., shone out from the center of the back drop. On that night, speakers, officers, and the presidents of affiliated organizations, were seated, in the European fashion, behind covered tables extending the width of the stage. Utter silence fell as Baroness Mannerheim, a majestic

coöperation of nurses and thus to erase all traces of the ravages of war on this sphere and to reestablish those normal relations which existed before the great conflagration."

Mrs. Bedford Fenwick, founder of the Organization, who was unable to be present, said in her paper on The Trained Nurse's Part in Peace, "We nurses have met together once again to reaffirm our belief in the principle that the best good of the world will be advanced by greater unity of thought, sympathy and purpose, that citizenship

of the
of the
health

Se
rich,
fash
the
of the
as
over
that
we
pose
of a
unat
are
evil
univ
of m
just
to
plea
of

the steps
ented the
of Fin-
ne nurses
Congress,
to those
en made
organized



o erase
on this
normal
e great

of the
to be
The
"We
ain to
e that
ill be
ought,
nship



MOTOR TAXIS ARE PLENTIFUL IN FINLAND, BUT THE ISSIKKA (DROSKY) WAS POPULAR
WITH DELEGATES

of the world is an essential qualification of those whose aim is to make it healthier and more harmonious."

Several evenings later, Miss Goodrich, speaking in her most glowing fashion on "The Part of the Nurse in the Social Integration," drew a picture of the International Council of Nurses as "one generation leaning yearningly over another" and emphasized the fact that "ideas are living entities" and that we must have a consistent unity of purpose if we are to have a consistent unity of achievement and that this involves unanimous belief that certain emotions are good and certain other emotions are evil. Said Miss Goodrich, "there is universal agreement as to the beauties of nature, of flowers and fruit and trees, just as there is universal agreement as to the undesirability of disease," and plead for the broadest possible basis of agreement among the nurses of the

world, for nurses are becoming so numerically strong that they are as yet hardly aware of their social force in relation to the sacred trinity of father, mother, child,—i.e., the family. And again she pressed home her oft made point that every nurse is an educator, the best possible means of disseminating the findings of science in relation to health and that she encircles the globe and therefore, in the process of social integration, the nurse has not failed to do her part.

One of the most interesting programs was that devoted to reports from thirty countries affiliated and non-affiliated with the International Council. All were records of fine effort and of achievement and will be published in the proceedings. That from China was especially stirring, for that ancient country which had no word for nurse until 1914, now has 100 schools

registered by the National Association of China.

A thrilling program was that of the evening when five organizations were admitted into membership; those of France, Poland, Bulgaria, Cuba and the Irish Free State. The Council has established a beautiful and stirring little ceremony for such occasions. The representative of a member country makes a brief speech to the representative of the newly accepted country and presents a bouquet of flowers. After the acknowledgment, the national anthem of the newly received country is played by the orchestra. It was America's privilege, as represented by Miss Eldredge, to receive Poland, represented by a beautiful young graduate of the school which Helen Bridge has so faithfully nurtured. In receiving Ireland, Mrs. Rebecca Strong, of Scotland, full of the wisdom and the honors of her 84 years, said that the International Council was setting an example for the League of Nations.

Meta Kehr, of Holland, greeted little Miss Dobrova, of Bulgaria, who gracefully made her very first public address before our highest nursing body! Jean Browne, of Canada, recalling the ancient bond of early nursing in Canada, which was French, greeted Mlle. Chaptal, of France. As Cuba had no representative at the Congress, Miss Monck, of Denmark, presented the flowers to a member of the nurses' chorus. No more charming picture of the yearning of the older generation of nurses over the new could possibly have been planned, than the entirely unconscious one of Baroness Mannerheim encouraging a modest little singer to make an impromptu speech!

Program followed program, each making its contribution to particular groups, many tending to weld groups together as when Mary Gardner spoke of the privilege of being a public health nurse, or Evelyn Walker, Director of the *Association d'Hygiene Sociale de l'Aisne*, spoke on the preparation of the public health nurse.



AMERICAN NURSES VISITING A CHEESE
FACTORY

(Dairy Products bulk large in the exports of Finland.) Nurse in uniform of the Finnish League of Nurses in center.

Over and over again the comment was heard that the basic problems are similar in all countries; lack of funds for nursing education and failure on the part of the public to understand nursing problems and objectives, heading the list!

It was a fruitful meeting. It will be remembered while life lasts by those who attended. It gave glowing

m, each
particular
d groups
er spoke
ic health
or of the
le de l'
n of the



SE

exports
Finnish

ment
s are
funds
n the
nurs-
g the

will
by
wing

happiness to many people. It inspired workers to surge forward to new goals. Again and yet again it must be said that the great achievement of the Congress, the great lesson it taught, is that nurses of all countries have many, many points of agreement. Their major problems are the same the world over. They have a common cause—the banishment of disease. They have a common instinct, that of compassion. They have a common spirit, a shining thing that illumines the work of nurses wherever true nurses are. With these mighty factors in common, the differences, which are differences of method and adjustment, are minor in comparison. Bound together by bonds of intensest sympathy and similarity of aim, the nurses of the world are in a position, as never before, to build on what is common ground, an indestructible internationalism. The fifth International Congress demonstrated clearly the practical idealism of Mrs. Fenwick's phrase, "there is no nationalism in nursing."

At this last meeting it was announced that Mme. Mannerheim had been

elected Honorary President, Miss Goodrich, also, Honorary President, "for her valuable services to the International Council of Nursing and to the nursing profession at large, of which she is one of the most distinguished members." Honorary Members,—Miss Nutting and Miss Dock, "in recognition of great service to the nursing profession in all countries."

Attendance at the Helsingfors Meeting of the International Council of Nurses was 1,049 from 33 countries, as follows:

Finland	524	Austria	4
U. S. A.	203	Latvia	3
Canada	52	Poland	3
Denmark	36	Armenia	2
Holland	35	Bulgaria	2
Sweden	35	Greece	2
Norway	31	Hungary	2
Germany	27	Iceland	2
England	22	Ireland	2
France	8	Japan	2
Scotland	8	Russia	2
Switzerland	8	Australia	1
Belgium	7	Czecho-Slovakia	1
China	6	India	1
Esthonia	6	Italy	1
New Zealand	5	Porto Rico	1
South Africa	5		

OPENING ADDRESS AT THE INTERNATIONAL COUNCIL OF NURSES¹

By BISHOP JOAKKO GUMMERUS

Text: I. Corinthians 13: 3-8a.

YOU HAVE come from all parts of the world to our far north, which now receives you with all the concentrated fullness of light and warmth which it has during its short but beautiful summer. It is our desire that you may also feel how our hearts and minds are opened to welcome you.

¹Helsingfors, Finland, July 20, 1925.

You come to us as representatives and servants of a great work of humanity and love, as soldiers in a noble army fighting against the life-destroying powers of sickness and death. We all, who are standing outside your ranks, have at some period of our life obtained help and aid through you, either personally or for some dearly loved one, at whose sick bed we stood with

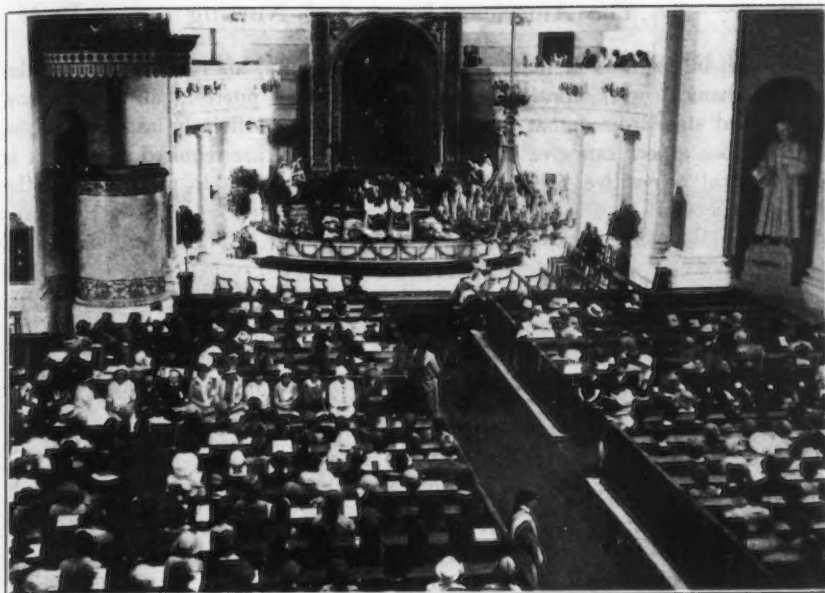
trembling heart, and we are indebted in deep gratitude to you. When visiting a hospital, we see the heaped accumulation of suffering inside its walls, it makes us feel anxiety and sorrow, but these feelings are at the same time outweighed by rejoicing and thankfulness, as we see there also the work of compassion and love, combined with skill and training, in its brightest form.

We call you sisters, and there is pure tenderness as well as honor and esteem in this name. We see you all in those we have come across, and what one of you has done for us, we regard as done by you all. You are in our thoughts united in one large and noble sisterhood, representative of the highest womanhood. How have you achieved this position? Not merely by your skill, not merely by your unwearied toil, not only by the blessed results of your endeavors, valuable as all this may be. We often enough see you struggle in vain against the terrible foe, sickness and death, and still, in such situations, you gain our affection the more. It is not because, in a figurative sense, you have bestowed all your goods to feed the poor and have given your body to be burned, that you have won our hearts, but because you have partaken of that greatest of gifts, love. It is because you have shown, or as far as you have shown, those noble traits of character which are described by the Apostle in that song of songs, of which we have read a passage today—of that love which suffereth long, and is kind; which envieth not; which vaunteth not itself, is not puffed up, seeketh not his own, beareth and hopeth and endureth all things and never faileth. We have seen so much of this love inspiring and supporting

your work, that we have seen the great ideal, which stands before you.

And you have come to this holy place not to take part in a mere ceremony, not only to listen to song and music, but because, before plunging in the manifold practical questions which fill the program of these days, you desire an uplifting of your hearts and a concentration of your minds upon this high ideal, which is the soul and spirit of your work and the real uniting force in your world-wide sisterhood. Such an uniting force it is, because this love has common origin, of no merely human, but godly nature. As says the Apostle: "Love is of God; and everyone that loveth is begotten of God; and knoweth God. He that loveth not, knoweth not God; for God is love." (I John 4:7, 8). If you are not all ready to join a confession in such outspoken words, there surely is not one of you who is not aware that the power of real love and compassion does not depend on ourselves and cannot be developed by purpose or decision of our own will; it must be set on fire by a spark, coming from a source which is higher than our individual life. Our life work must be placed in connection with some great purpose of the human world as a whole; it must be anchored in the deepest ground of our own nature. What gives us this aspect of our work and this anchorage? Only religion. Only the communion with the Eternal. Our soul cries with Augustine: "My heart is restless until it finds rest in Thee."

And the Eternal, who is love and the source of love, gave us His beloved Son, who emptied himself, taking the form of a servant (Phil. 2:7); who came, not to be ministered unto, but to



OPENING SERVICE, ST. NICHOLAS CHURCH

minister, and to give his life a ransom for many (Matt. 20:28); who seeing the multitude had compassion on them and healed their sick (Matt. 14:14); who taught us in words and example the law of self-sacrifice, that he who seeks to find his life shall lose it, but he that loseth his life shall find it (Matt. 10:39); who gave us an insight into the meaning and blessing of suffering, which we need, lest we fall into desperation, when we are dealing with so much suffering in the world. The Divine Fire is burning here. That fire kindles the fire in our poor and cold hearts; and it does it, first of all, if we humbly and gratefully accept the mercy and love of the Heavenly Father, which he was sent to bring us. This gift pours into our hearts the joy and peace, which we need to be capable of blessed and successful work. Not the peace of calm resignation or rigid duty, but the peace of God,

which at the same time is love and makes us the more sensitive to the sufferings of other people, being "the only clue to the mysteries of life."

None of us can boast of having enough or the fullness of this love. All of us must be deeply humiliated before that ideal, as it meets us in Jesus Christ. But in humiliating ourselves we are uplifted by His grace. May we seek this source of power in prayer and devotion, desiring to be what we *ought* to be.

The calling of nurse is a profession like other professions. But the religious aspect of life means that a profession shall be sanctified to a *vocation*, a life work given from God, in which we serve Him and carry out His will. Not every profession can in the same degree be thus sanctified to a divine vocation; not every profession can satisfy the whole personality and develop all the possibilities which are slumbering in the soul.

There are, in our time of industrialism and mechanical work, professions so empty and standardized that not even the religious aspect can give them the character of a positive life work. A profession of that kind is only a means of livelihood, and the vocation must be found somewhere else beside it. But in this respect the profession of a nurse stands on the highest possible level. Profession and vocation can fully correspond with each other. When she devotes herself to the service of suffer-

ing humanity, all the strength, all the insight and interest, all the human sympathy and divinely inspired love she is capable of are required of her. It is a service of man to man with all the heart in the service. This service cannot be done with calm calculation of how much it is worth while doing. Here you must give your life to win your life. In doing so, you are fellow-workers in that great Kingdom of God, which unites all races and nations unto one body and spirit. Amen.

SONG OF THE NURSES¹

By V. A. KOSKENNIEMI

We know the dread chambers where
 pain doth dwell,
And suffering sharpens the breath.
We are the last outpost upon the earth,
Guard the line whereon life meets
 death.

Our eyes keep watch through night's
 long hours,
Shine on, oh lamp, shine brightly!
To ease the burden of pain is ours
And help to bear it lightly.

In human agony's desert land
The live seed of hope we offer,
Both man and woman will bless our
 hand
When the goblet of comfort we pro-
 ffer.

Up, sister, to work, preserve good cheer
With pain, heart and hand ever cope!
We stand, the very last outpost here.
Illumine the night, lamp of hope!

¹Written for the International Council of Nurses, Helsingfors, Finland, July, 1925.

h, all the
e human
d love she
er. It is
h all the
vice can-
lation of
ing. Here
your life.
orkers in
l, which
unto one

THE PART OF THE NURSE IN THE SOCIAL INTEGRATION¹

BY ANNIE W. GOODRICH, R.N.



A GENERAL SESSION (NATIONAL THEATER), BARONESS MANNERHEIM PRESIDING

IT WOULD, I think, be impossible for anyone, from the most recent members of our profession to the most experienced in the field or even the interested onlooker, to foregather here without a rush of emotion as the significance of this Convention, in doubtless varying degrees, is borne in upon them, a significance that we might profitably contemplate for the brief moment assigned to this paper, raising the curtain, as it were, for a swift glance upon a vast and dazzling pageant in which is presented the life history of the human family that has inherited the

¹Read at the International Council of Nurses, July, 1925. Published also in the *British Journal of Nursing*.

earth. As the great drama unfolds, presenting ever new situations, more brilliantly staged through ever greater elaboration of material and complex and intricate machinery designed for and by increasing multitudes, there is through all and apparent to all thoughtful observers, an undeniably consistent unity,—unity of ideal, of purpose, of achievement, a power which we shall venture to express as an international collective mind, unanimous in its acceptance of certain emotions as goods and of certain emotions as evils: consciously or unconsciously marshalling its forces for an ever strengthening of the goods and weakening of the evils: not blind to the

inability to interpret these accepted goods into practical action, nay acutely aware that today, not less than yesterday, while theologically, philosophically even scientifically proclaiming unity, practicing, asserting as inevitable, even glorifying means which breed separation, dissension and destruction: nevertheless seeking unremittingly through ever-new methods for the answer, always holding high above the battle the dream, ideal, belief or what-you-will of the social integration through which may be attained even higher reaches for man as a physical, mental and spiritual entity:—a scheme ever increasing in dominance and color in a pageant in which the pomp and glory of kings is seen to wane and the trappings of war fade from scarlet and gold to a dull grey:—a high hope and purpose never lost through departing civilizations. For acknowledge as we must that civilizations have come and gone, that today, in the 20th Century, power, expressing itself through force aided and abetted by science, is more dominating and more devastating than ever; that the increase in crime outstrips the increase in adult population; that mental deviations are the inheritance of an ever increasing multitude; that, in short, those stated conditions universally deplored as evils are on the upward curve, nevertheless, in the very acknowledgment, is sounded, let us hope, their death knell, for on three counts we have advanced—we perceive, we dare to question, and the “we” connotes an ever increasing unit of western and eastern civilization.

If there are those who see the world made up of warring personalities, there are also those who see the rise and fall of human life and human projects as an

ever re-ploughing and re-harrowing of the ground and enriching of the soil through which emerge qualitatively—not less than quantitatively—strengthened, the new generations. If there are those who see the predominance of the forces of destruction, there are also those who see one generation leaning yearningly over the next. It should never be forgotten that the Red Cross was conceived in the heat of battle as a symbol of an international mission of succour; that nursing as a professional service, remedial, preventive and creative, germinated in the heart of destruction. If our presence here, transported over many miles with ease and speed, is evidence of man as conqueror of the forces of earth and sky and sea, it has also a deeper and finer significance. True this gathering represents but a tiny insignificant unit of the world population. Nevertheless we are but one of the many groups gathering together now all over this planet in increasing numbers at more frequent intervals as—or possibly more universally representative—concerned with life problems common to all; designated as international; motivated by a desire to give and to obtain; indicative of a spiritual rapprochement than which no greater force can be aligned for the breaking down of the physical, not less than the intellectual boundaries that the blindness, not the intelligence, of man has set up.

There are those who hold ideas as living entities, that like seeds take root when falling upon fertile soil—a somewhat similar conception is expressed by an English writer as follows:

When the mind of the West comes to grasp in all its far-reaching applications that the

science
the science
long
through
the first
Science

In
which,
unders
follows

Beg
tion's
or the
through
of the
whole,
the wa
the se
reappe
ened.
politic
state
other
consis
but w
suppla
state.
the s
presse
plund
found
of diff
of reli
nation
as inf
Englis
forme
bilibic
There
ackno
peara
with

²See
Count
June 1

science of power in the social integration is the science of directing the collective will over long stretches of time to definite ends through the emotion of the ideal, it will be the first step to a new order of civilization.—*Science of Power*, by Benjamin Kidd, p. 189.

In this I find embodied my thesis, which, for the sake of clarity or better understanding, I briefly rehearse as follows:

Beginning with the Western civilization's story of the creation of the World, or the lore of the ancient East, down through the ages, the idea of the unity of the human family, the integrity of the whole, has prevailed. Seemingly lost in the warring of tribes; in the increase and the separation of peoples, it has ever reappeared, re-enforced and strengthened. In our present age it is expressed politically by the democratic state, a state never yet interpreted or adopted in other than ideal or idea, never, I mean, consistently practised in its pure form but which state nevertheless is steadily supplanting the monarchic or autocratic state.² *Commercially*, however great the shortcomings, it nevertheless expresses itself through trade rather than plunder. *Religiously*, its expression is found through the increasing tolerance of different creeds, a seeking for a unity of religious expression through an elimination of terms indicative of differences as inferiorities, as, for example, in the English tongue the term "heathen" formerly in constant use in hymns and biblical quotations, now rarely used. There is also, we believe it would be acknowledged, an almost entire disappearance of the Union of the Church with a political state. *Philosophically*,

its expression is found in an intensifying search and research for means whereby may be achieved a common consent in these principles, methods, ways of life, that will attain the highest ends. Its best expression in the United States would, I think, be found through Dr. John Dewey, who presents, in his "Reconstruction of Philosophy," "Knowledge, through the revelations of science, as power to transform the world," namely, practical, rather than contemplative knowledge. *Socially* finding its root in charity which we may perhaps define as the voluntary assumption by *those-who-have* of a responsibility for *those-who-have-not*, but now rapidly flowering into the ways and means for universal self-support or independence, —this last expression having created or called into existence the new but now familiar social sciences, sciences for the application of which are required in ever increasing numbers varied types of workers, outstanding amongst whom is the health group, for in health we have an objective of universal concern, a common denominator, at least, with indeed many numerators, among which we find Nursing. From its inception as a tiny silver thread of emotion, strengthening, deepening and expanding, we trace nursing through ancient temple and Roman matron, through monastery, convent and palace, modern institutions and organizations, with ever widening scope and increasing power until we find its enlightening radiation permeating the social structure. It is interesting to note, as we follow the varied stages of the growth and development of the nursing program, that the demonstration of its social value has led to ever higher planes in preparation for further

²See "The Difficulties of Democracy," by Count Albert Apponyi, "The Living Age," June 13, '25, p. 565.

services. Not less than the Crimean War demonstrated the value of her services to the sick, did it promote the nurse's preparation for broader fields and through a program of preparation that introduced her to Science. It is of profound interest when struggling for a more comprehensive curriculum and one more soundly based on science, to find that in the founding of the Nightingale School at St. Thomas' Hospital, courses in such sciences as chemistry, physiology and hygiene were included in the original program of study. The demand of Science for method and technic, turned Nursing back to Art, and both called for direction by Education, Science—"method of denoting;" Art—"technic of producing"; Education—"the liberation of capacities." Because in the nurse we find such instincts as succour, conservation, prevention and creation, we have an instrument that should be fully attuned for the application of the findings of science, so rapidly multiplying, to the daily life of the individual;—a social force at a period of human progress whose part, if understood by those preparing her for the field, by herself and the community at large, is of far-reaching, I even dare to say, of stupendous import.

If the message of the three great expressions of progress—science, art and education—in the last of the 19th century and the first of the 20th, dealt with source and thereby gave promise of cure, of prevention, even of total elimination of certain evils or ills considered previously to be man's inevitable heritage, the message today is manifold and still farther reaching. Ills, it finds, whether designated as crime or disease, root down into properties in-

creasingly submittable to analysis and change through a bewildering mass of scientific development, biology and chemistry joining in bio-chemistry, to ends we scarcely dare to predict; psychiatry heel to heel with psychology, with eugenics looming large in the background, announce the measurement of intelligences and even prophesy the creation of goodness; while nearer to the present in their practical immediate uses are nutrition, hygiene and sanitation—all concerned with a sum total which is called normal or healthy man, otherwise abnormal or unhealthy.

One of our brilliant American editors³ has suggested, as a reform to end reforms, that those charged with the administration of the Government should observe Luther Burbank, the wizard of agriculture, grow one potato scientifically. In this suggestion, I submit is a brief *in extenso* for the application of Science to man's own higher development—a project or objective if adopted, in which the nurse consecrated by name (nurture), tradition, and personal volition, possibly also as a woman by instinct to the conservation of the race, must take her part. To review the avenues through which the nurse finds approach to the race, is to carry her service into home, school, industry, recreation, institution and organization—on the sea and in all lands, in peace and in war—a messenger unique in her opportunity of conveying, inculcating and extending knowledge—a potential exponent by practice, even more than precept, of the findings of science, art and education in relation to the promotion of accepted goods and the lessening of acknowledged evils: an

³Glenn Frank.

agent
through
at fre
tively
tacts,
impre
She is
in the
action
forme
and o
if, inc
know
simpl
applic
tally,
huma
conce
cally
the r
schoo
least
ment
assur
as w
well
those
tact.
of m
expro
tion
prog
the
each
Russ
Indu
good
acce
ly
know
may
not
dise
ever

agent with an unusual opportunity through contact with parent and child at frequent intervals and of comparatively long duration and one whose contacts, furthermore, take place at most impressionable moments and periods. She is through all these factors a force in the creation of habits of thought and action now understood to become formed and fixed at a far earlier period and of greater influence than generally, if, indeed at all, appreciated. With the knowledge now available relating to the simple laws of hygienic living and their application to the creation of a mentally, physically, even morally, normal human being—it is hardly possible to conceive that a social worker so numerically strong, so universally accepted as the nurse, should graduate from any school or enter any home without at least such awareness of this development in relation to human life as will assure a better direction of the mental—as well as physical—of the eventual as well as the immediate well-being of those with whom she is thrown in contact. Evidence of a belief in the value of man through all his diversities of expression, may be found in the projection by various groups of Public Health programs into country after country for the preservation and improvement of each country's own type. Mr. Bertrand Russell points out in his "Progress of Industrial Democracy" as the four goods which would be universally accepted—instinctive happiness, friendly feeling, love of beauty, and knowledge. I am of the opinion that we may state that in every child who has not been impregnated with the seeds of disease or prejudice—that is to say in every normal child—we find these first

two goods, instinctive happiness and friendly feeling. In so asserting, let me again emphasize that one of the important conclusions of psychologists is the very early stage at which impressions are made and habits of thought and action fixed in the child and their relation to deviations from normal, both mental and physical. May I call attention also to the emphasis which is now placed upon the effect of pre-natal care upon a child's physical well-being.

Accepting these statements as fact imposes upon each generation the duty of increasing this precious heritage of goods for the next. May we not further state that to open the door of knowledge is to increase a love of beauty. Are we not agreed, universally agreed I mean, as to the beauty of sun and moon and stars, of trees and fruit and flowers, of man at his best, whether in childhood, manhood or old age? Are we not agreed upon the undesirability, of the dissatisfaction produced by things diseased, imperfect? Will not knowledge that points the way to the increasing of things seen as desirable and the decrease of things seen as undesirable be a potent force in the strengthening of these four goods? Says Doctor Dewey,

To claim that intelligence is a better method than its alternatives, authority, imitation, caprice and ignorance, prejudice and passion, is hardly an excessive claim—because intelligence is critical method applied to goods of belief, appreciation and conduct, so as to construct freer communication of shareable meanings, turning feeling into ordered and liberal sense, turning reaction into response, it is the reasonable object of our deepest faith and loyalty, the stay and support of all reasonable hopes.⁴

Acquiescence in this demands of us,

⁴Experience and Nature, John Dewey, p. 437.

as nurse educators—and I assert that every nurse, whether she will or no, is an educator—renewed and unceasing effort that those whose opportunity is so great shall themselves be its highest expression.

Since writing the preceding pages, we have passed rapidly through a number of European cities obtaining so far as such brief visits would permit a picture of their sickness and health situations with special reference to the part of the nurse. All that we have heard and observed has immeasurably strengthened our beliefs and hopes as I have tried to express them. Whatever the differences of opinion, method, circumstance or custom, the paramount and inevitable conclusion was of a oneness of objective and the similarities of our problems.

A further and to us significant fact was the obvious importance of the rapid creation of that genus of the health movement called nursing; at present the best means for the rapid dissemination of the findings of science as related to a higher level of health and *ipse facto* of the well-being and social efficiency of the masses. It may be stated today, without fear of contradiction certainly on the part of those who have witnessed the result of her contribution, that a complete and effective health program cannot be established without that worker universally known as the public health nurse. The measure of her effectiveness is found to bear a distinct relationship to the range of her vision, the wealth of her imagination, the breadth of her knowledge and her method of approach, attributes which

call for a rich educational background, a broad and sound professional preparation, a varied and extensive experience.

We must not be understood as asserting the super-value of the nurse. It is merely an insistence on the importance of certain qualifications for this particular link in a chain which careful analysis presents as encircling the globe and embracing the Universe. The greatest power for the creation of universal good is in the hands not of the scientists, educators or philanthropists, however important may be and indeed is the part of each group, but of that sacred trinity, the family,—father, mother, child—to whom all knowledge which relates to the betterment of life on this planet should be released as immediately as possible and in understandable terms.

To discover a country is neither to create nor develop it. All honor to the discoverers, the greater the honor the greater the value of their discovery to the common man. Of the nurse as interpreter of the discoveries of science for the sake of both we must demand the fullest understanding possible of the language of both Science and the Common Man.

It is said we are but a second class planet. To find ourselves transported to another planet will, indeed, at least to a lover of new trails, be a great adventure, but the supreme satisfaction will arise from the backward glance over dear Mother Earth that reveals her children as attaining to the stature of gods through the medium of a universal intelligence in the creation and cultivation of which the nurse has not failed in her part.

S
hosp
make
On
see t
not
occa
giver
the s
make
pen.
show
out
flick
delte
to th
T
angl
held
is to
the
rubb
ston
TH
T
evic
dea
crea
is
inte
can
thin
the
suff
ran

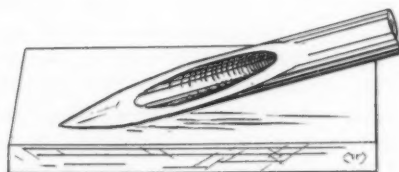
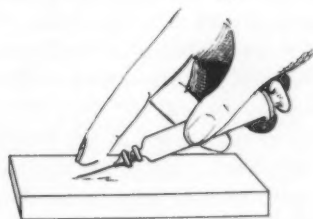
CARE OF HYPODERMIC NEEDLES

BY CARLETON DEEDERA, M.D.

SINCE THE hospital exists for the patient, and not the patient for the hospital, everything should be done to make it easier for the patient.

One thing which is easy to do is to see to it that hypodermic injections are not given with blunt needles. One occasionally sees a hypodermic injection given where the needle is so blunt that the syringe has to be grasped like a shoemaker's awl instead of being held like a pen. If the needle is sharpened as shown, it can be inserted almost without sensation, when given with a quick flick of the wrist. (Preferably in the deltoid muscle, deep, and at right angles to the skin).

The illustration shows the correct angle at which the syringe should be held while being sharpened. The object is to give a sharp edge to each side of the pointed end of the needle,—by first rubbing the back of one edge on the stone and then the back of the other



edge. The only stone suitable for this is Arkansas stone which is very fine and hard. It can be obtained at any hardware store. A piece two inches long is enough.

Obtaining blood for Wasserman tests and transfusions is facilitated by keeping all such needles sharp.

THE NURSE'S OBLIGATION IN THE PREVENTION OF DEAFNESS

BY FRANKLIN W. BOCK, M.D.

THE HARD-OF-HEARING school child is becoming an increasingly evident educational problem. Whether deafness among children is actually increasing or whether the seeming increase is only the result of greater general interest, is of course a question that cannot be answered definitely. The thing we want to keep in mind is that the hard-of-hearing school child is a sufficiently important problem to warrant our careful attention.

Will you kindly keep in mind that when I speak of hard-of-hearing or deafened children, I do not include those children who became deaf so early in life that they were unable to learn to speak—the so-called deaf-mutes. They are a separate problem; they are being well cared for in the various state institutions for the deaf and are not often met in the public schools. Many of these children, however, are the victims of careless treatment, or no treatment

at all, during the early infant years and they might have been saved their handicap had the preventive measures here suggested been used effectively.

We are beginning to realize that the widespread deafness among adults is, in the large majority of cases, the result of processes started in the early years of childhood—that if we hope to stop or slow up the progress of that ever increasing cause of social inefficiency, we must of necessity go back to the child and make such effort as will not only safeguard the child during the period of school education but will entirely obviate or at least delay the advent of deafness in adult life.

The school nurse, the district nurse, the nurse doing private service, may all render an important service in our efforts to prevent deafness in children. I am therefore making the following suggestions of measures that may be undertaken by the nurse to meet emergency needs in the absence of an ear specialist or at least until he becomes active in treating a given case.

Ninety-eight per cent of deafness, not only in children but in adults also, is due to middle ear troubles. You know, of course, that the middle ear is not a nervous mechanism but is a mechanical transmitter; that it transmits the vibrations of sound from the outer air to the inner ear where they are changed into nervous impulses and are then sent to the brain centers of hearing for interpretation.

It may not be out of place to suggest that the whole human hearing device is somewhat like a piano. The wires of the piano correspond to the nerve of hearing; the keys correspond to the ear drum membrane. Between these two

is a connecting system of levers that corresponds to the three little ossicles of the middle ear, and transmits the vibrations from the player's fingers to the wires.

Of course you can readily understand that any interference with the delicate adjustment of these transmitters will obstruct or entirely prevent the vibration from reaching either the wires or the nerve.

However, the very vital difference between the middle ear and the piano is that the middle ear is a living organism, is made a part of the nose and mouth by the eustachian tube, is lined with the same mucous membrane and is subject to the same infections and inflammations and metabolic changes as are the nose and throat and even when trouble in the ear is not registered as pain or discomfort, it is very probable that every inflammatory or functional disturbance in the nose and mouth is also accompanied by some similar change in the middle ear.

It is for this reason that a healthy nose, throat and mouth are the first line defenses against deafness.

HYGIENE OF THE NOSE AND MOUTH

It should not be beneath the dignity of a nurse to teach the children with whom she comes in contact how to keep the nose and mouth clean. The chronic nasal discharge of childhood and infancy is most often the result of irritating and infected dust that children breathe while playing on dirty floors or carpets or in the streets. Little babies should not be allowed to play on dirty floors or carpets and they should be taught early how to keep the nose as clean as possible, without violent blowing.

that cor-
sicles of
the vibra-
s to the

nderstand
delicate
ters will
the vibra-
wires or

ifference
piano is
rganism,
d mouth
ed with
d is sub-
inflam-
s as are
n when
tered as
robable
unctional
mouth is
similar

healthy
he first

OUTH
dignity
en with
to keep
chronic
infancy
ing and
e while
ts or in
not be
ors or
at early
s possi-

Violent blowing of the nose is very dangerous for the middle ears. Infected mucus may be blown through the eustachian tubes and start an abscess. If the nose cannot be cleared easily, a few drops of saline solution (a half teaspoonful of salt and a half teaspoonful of baking soda in a pint of boiled water) instilled into each nostril will loosen the mucous so that it can be easily expelled. When a child has a chronic nasal discharge or has an attack of earache whenever it gets chilled or has a little cold, it usually means that there are enlarged adenoids that should be removed or treated, no matter what the age of the child. A child is never too young to have this operation if there are ear symptoms.

The first teeth should be given great care, be kept clean and all cavities attended to at once. A child cannot have a healthy nose and throat if its teeth are bad.

COMMON COLDS

The most common and frequent cause of middle ear trouble is the "common cold." To prevent colds, therefore, should be a first principle in our fight against deafness. The "common cold" is a mixed dirt borne infection that enters the nose or mouth in the air we breathe or by our own fingers. Besides being a very potent cause of deafness, the common cold is the cause of more school absences than are all other causes put together, so our schools should be definitely interested in preventive measures. A very large percentage of colds could be prevented if our schools would insist that as a child comes into school, he must wash his hands before he goes to his classroom, and furthermore, it should be the duty

of the nurse to disseminate the following rules not only among the school children but among the pre-school children as well:

HOW TO PREVENT COLDS

Keep your fingers and other things out of your mouth and nose.

Wash your hands before you eat.

Keep your nose and teeth clean.

Drink plenty of water.

Drink plenty of milk, but no tea or coffee.

Eat plenty of fruit and vegetables, but little meat.

Go to bed early and sleep with your windows open.

CURE A COLD QUICKLY

To cure a cold as quickly as possible is of the first importance. Fatigue is an important causative factor in some children, therefore when the symptoms of a cold appear it is advisable that the child be put to bed, at least until the next morning.

Chilling by wet feet or insufficient clothing may be the beginning of a cold, due to a disturbance of body temperature. To reestablish the equilibrium of body temperature is therefore the first curative measure and here again bed is the best place for twelve or twenty-four hours. The arms and legs should be gotten very warm. Hot drinks of fruit juices or milk will help refund the loss of body heat, but alcohol in no form should be given to a child for a cold.

Calcadin, in one-grain doses, every hour or two, is often of great value to children who seem to be very susceptible to cold infection.

Children who have had their tonsils and adenoids removed do not take cold as easily as others, so the operation should be carefully considered, but nasal and mouth hygiene and hand cleanliness come first.

EARACHE

The red flag of danger to the hearing, the nightmare of infancy and childhood, and the bane of many a young mother's life, is earache and it should receive immediate and careful attention.

If a specialist is available, he should be consulted at once but if he is not available, and always until he arrives, the child should be put to bed and the arms, feet and legs gotten very warm. This draws the blood from the ears and often relieves the pain at once. *Do not put hot oil or grease or hot onions or any other hot thing into the ears or hot water bags on the outside of the ear.*

Hot things do relieve the pain; but too often it is at the expense of a burst ear drum membrane and badly damaged hearing.

Cold compresses or an ice bag back of the ears, combined with heat to the feet and legs, are better.

The only thing that may be put in the ears is a few drops of a 12 per cent solution of carbolic acid in glycerine or a few drops of Cresatin.

Every child with earache should be given from two and one-half to five grains of Hexamethylenetetramine three times a day until the ear symptoms have entirely subsided and the cold is well.

Hexamethylenetetramine is sold under several trade names as Urotropine, Formins, Ammoform, etc.

The hearing is nearly always affected in earache, in which case the Hexamethylenetetramine should be given until the hearing is restored or the child is in the hands of an ear specialist for treatment.

TONSILS AND ADENOIDS

Earache is always an indication that the child has tonsils and adenoids that

should be removed. If the operation has already been done it indicates that the child needs other treatment of the vault of the pharynx for the purpose of reducing the diffuse lymphoid tissue that has not been removed by the major operation. These cases need very careful and continuous watching until all danger of ear troubles has disappeared. Preventive measures should always be kept in mind. Prevent chilling and the development of the symptoms of common colds, and you almost absolutely prevent earache in these children.

I have seen too many cases go, during a few short hours of agonizing pain, from the first symptoms of ear trouble to a ruptured ear drum with permanent loss of hearing, as a result of foolish temporizing, so *do not treat an earache lightly.*

In a few children with earache it will be found that the ear is not inflamed. Always look for a bad tooth on the affected side. We have cured many an earache by treating a cavity in a tooth. This is a referred pain and should always be kept in mind.

INFECTIOUS DISEASES

During the infectious diseases, the upper respiratory tract is the seat of a very virulent inflammation and the middle ear is correspondingly in danger. The nurse serving on an infectious disease case should be constantly on the watch for ear symptoms and should ask the attending physician to examine the ears at every visit for the purpose of detecting ear inflammation at the earliest moment, so that remedial measures may be instituted.

The same preventive measures

sugg
are c
infe
It
nose
This
but
tien
from
can
its
solu
nose
pers
1 to
use
tril.
T
with
the
M
I
chi
will
for
dru
of
bei
is f
exa
wit
ear
dic
ch
to
the

th
we
of
sic
wa

suggested in the treatment of earache are applicable to the ear troubles of the infectious diseases.

It is important to keep the child's nose as clean and as open as possible. This not only safeguards the hearing but adds to the comfort of the little patient as well. The child should be kept from blowing the nose violently and this can be done by helping the child to keep its nose clean. A few drops of saline solution will make it easier to blow the nose. If the congestion of the nose is persistent and great, a few drops of a 1 to 10,000 adrenaline solution may be used, several times a day, in each nostril.

The nostrils should be kept annointed with vaseline to prevent excoriation by the acrid discharges.

MIDDLE EAR ABSCESS WITHOUT PAIN

It must be remembered that in some children inflammation of the middle ear will develop, and pass rapidly to abscess formation, and burst through the ear drum membrane, without any symptom of pain, the first indication of trouble being a spot of pus on the pillow. It is for this reason that I suggest the daily examination of the ears of every child with a cold or any of the infectious diseases of childhood. Often the first indication of ear trouble will be that the child does not seem to hear what is said to it. Do not temporize but find out the reason why, at once.

LATE DEVELOPING ABSCESS

Always remember that in some cases the ear trouble will develop several weeks after the symptoms of cold or of the infectious disease have all subsided. The child should be carefully watched for several weeks.

The nurse can do much for the safety of the hearing if she will impress upon the parents the advisability of early opening of the drum membrane in cases where the inflammation has gone beyond the point where it is likely to subside under treatment. Tell them that an incised ear drum results in less damage to the hearing than a ruptured ear drum.

The nurse should always be on the watch for redness and swelling back of the ear, which indicate mastoid involvement and require the attention of a specialist at once.

DISCHARGING EARS

When an inflammation of the middle ear has passed to the abscess stage and has either burst through the drum membrane or has been opened by the surgeon, there is always a discharge of pus that continues for anywhere from a few hours to many years.

Because a few cases do heal spontaneously without much attention, many parents and even a few physicians have come to feel that a discharging ear is nothing to worry about and are satisfied to "let nature take its course." This is a very dangerous policy, for the longer the discharge lasts, the greater is the damage to the hearing and there is always danger of mastoid involvement.

A discharging ear should have very careful and persistent attention. Cleanliness is of the first importance and if nothing better is available, a little warm water and castile soap are sufficient to be of a good deal of value; but in most localities, nowadays, tablets for making Dakin's solution may be gotten and these make the best simple cleansing antiseptic for discharging ears. The

tablets are made so that one tablet to an ounce of water makes a one per cent solution, which is the proper strength to use.

Colored clothing should be protected when using Dakin's solution as it bleaches colors.

The child should lie with the bad ear up. An ordinary straight medicine dropper is used for irrigating. The ear is filled with the solution, which is then sucked out and forced in several times with the medicine dropper, an action similar to a washing machine.

The solution which is clear, becomes milky as it mixes with the pus. The milky solution is withdrawn and is replaced with clean fluid and the process repeated until the fluid that is withdrawn is as clear as what is put in. The fluid is then dried out with a long wick of cotton, and a dry wick of cotton is stuck down into the canal to be left until the next washing. This is to facilitate drainage.

In some cases, where the pus is very thick and drains poorly, it is advisable to fill the ear with clean fluid, stick the wick of cotton down into it, and leave it until the next washing.

Any nurse can teach any mother to keep a discharge clean in this way and the children do not object to the treatment. The cleaner the ear is kept, the sooner it will get well. The frequency of the washing is lessened as the discharge lessens.

When the discharge is very slight, the treatment should be continued just the same until it has entirely stopped. A few drops of Cresatin may be substituted after the ear has been washed and dried, the Cresatin being held in by a

long wick of cotton stuck down into the canal.

The quicker this plan of cleansing the ear is started, after the appearance of pus, and the more consistently it is carried out the quicker will come the ultimate cure.

When pus gives off a bad odor, it indicates a long standing condition, and while cleanliness will help and the Dakin solution will deodorize almost entirely, the case will probably not be cured without electric ionization or an operation which can only be done by a specialist.

FOREIGN BODIES IN THE EXTERNAL EAR

Ear Wax. The most common thing of a material nature that may block up the external canal and cause a reduction of hearing is an accumulation of ear wax. There is a great variation in the amount of wax different children and different ears secrete. In some children the wax dries in flakes and falls out; in others it accumulates in hard or soft masses and when an over-zealous parent washes the ears it is gradually pushed to the bottom of the canal. Just so long as a small hole is open through to the drum, the child can hear, but some day when the child gets an exceptionally strenuous bath or goes in swimming, water mixes with the mass and the resulting mud flattens down over the ear drum and the child is suddenly deaf. These cases are easily relieved, but proper methods should be instituted at once.

If an ear specialist is available, he should be consulted; otherwise the nurse should try to remove the mass by gently irrigating the ear with a soft rubber bulb syringe and warm water and soap.

Do not
plish
water

In
objec
babie
use o
in th

It
tion
bera
get
you

D
pus
to r
thin
accu
crete
unh
cana
cons
coul
shou
in
take
to
can
The
in t

V
in
for
ma
chi
so
the
to
wa
isin
no
tio
ad

Do not use great force but rather accomplish your results by the quantity of water used.

In some cases, where the children object to the bulb syringe, and in small babies, efficient results will follow the use of the medicine dropper as described in the paragraph on "pus ears."

It is no crime to have an accumulation of ear wax in the ears, so do not berate a kid for having dirty ears. Just get it out as quickly and as easily as you can.

Dried Pus. Sometimes, in neglected pus cases, the discharge gets too thick to run out of the ear and the parents think the cases are well. The pus accumulates and dries to almost concrete hardness. The abscess is still unhealed and the skin of the external canal is often badly damaged by the constant pressure. The child is, of course, very hard of hearing. The ears should be washed out very carefully, as in the case of ear wax, but it often takes a number of hours of patient work to soften the accumulation so that it can be removed without great damage. These cases should of course be placed in the care of a specialist at once.

We recently had a case in our clinic in which the pus had been accumulating for ten years. We worked on it for many hours but finally decided that the child should be put under an anesthetic so that the mass could be removed; but the parents objected and took the child to a chiropractor who, at last reports, was still taking their money and promising to restore the child's hearing to normal. You can't remove accumulations in the external ear by spinal adjustments.

In another case, the accumulation had

been in the canal so long that the skin lining the canal was entirely destroyed and it took many months of careful treatment to get a new growth of skin on the canal.

Foreign Bodies. Sometimes in the spirit of adventure, and sometimes by accident, children get things into the external ear.

In any case, the thing should be gotten out as soon as possible. Washing often will remove objects if they are not too large. If they cannot be gotten that way, then a specialist should be seen at once.

In our clinic we have removed beads, beans, peas, peanuts, macaroni, gum, glass, stones, sticks, pencil leads, flies, spiders, ants, old cotton wads, paper wads, cherry pits, chewing tobacco, onions, and masses of congealed grease and ointments of one kind or another, almost everything but flivvers.

We recently removed a grape seed that had been in a child's ear for ten years. The hearing was badly damaged by the long continued inflammation and pressure.

When offensive cotton wads are removed, it means that some careless person has put it in and failed to get it out. For this reason, always make a "wick" of cotton for the ears and not a little round wad. A piece of cotton twisted into a wick small enough to push down into the canal with the enlarged end tucked into the external opening will never get lost.

Water in the Ear. In more and more public schools swimming pools are being installed and it would seem from our experience that more and more children are having ear troubles, not only from getting water into the external ear

but, what is of greater importance, from getting water into the eustachian tubes.

Water in the external canal is easily removed by sticking a wick of cotton down into the canal. This absorbs the water and everything is all right, but water in the eustachian tubes is not so simple a matter.

In either case, it is of importance to tell the children not to try to get the water out by holding the nose and blowing or inflating the tube. This is very dangerous, for they not only do not blow it out but they are very apt to blow it into the middle ear, with some germ infected mucus, and start a very serious infection.

It is better to keep as quiet as possible and to see a specialist at once, *but don't blow the nose hard.*

BEGINNING DEAFNESS

Often you may be the first one to notice that a child does not hear well or a mother may ask you what you think is the matter with Mary or Jimmie, for they do not seem to hear. Examine them as best you can, and if the parents cannot afford to pay, go out and beg some specialist to look after the child; and if the parents can afford to pay, but feel that it is not important, go out and beg some specialist to give his services for the sake of the child anyway. Service of this kind may not be paid for in dollars and cents, but it always comes back home in a tremendously satisfying feeling that one has done something to brighten the future of some child of America.

THE HARD-OF-HEARING CHILD

When you have found a hard-of-hearing child and because of the damage

already done, or because of the lack of competent special medical service, there is little hope that things may be made better, always remember that the better education that child has, the less will the handicap of deafness be, so use your good offices with the teachers and ask them to give that child every advantage possible, to the end that it may keep up with its classes. Have them speak clearly; have them give the child a front seat; give the parents the same advice about speaking clearly, and then give the child the idea of lip reading and studied attention to movement of the lips of the person speaking.

WATCH YOUR STEP

I have done a rather unusual thing in suggesting remedies that a nurse may use in treating ear cases that may come under her care. Many physicians will not agree with me in this policy, but I am doing it for this reason.

There is a widespread feeling among parents, and too often it is engendered by a lack of competent knowledge on the part of general practitioners, that common colds, earache, and discharging ears are simple every day sorts of things and need no special attention or worry. So most parents treat these cases as is suggested by all the neighbors and relatives, or they go to the drug store and take what the drug clerk says is good; too often with a disastrous result for the hearing of the child.

Personally, I want nurses to know the dangers of this kind of indiscriminate treatment of ear cases and common colds, and I am suggesting these remedies because, in the first place, they are all harmless; and in the second place, they are all very efficacious if used as

directed; and in the third place, unless we doctors take the nurses and mothers into our confidence and show them how they can intelligently help in this matter of safeguarding the hearing of our children and saving them from hours of needless pain and suffering, we are not going to get ahead very fast.

I have this suggestion to make in closing. Treat the case as I have sug-

gested, as an emergency measure, but not only for your own satisfaction but for the good of the child have an ear doctor check up on the case at the earliest possible moment.

And then don't forget to tell the mothers how to do things and especially tell them *what not to do*. This is often quite as important as the things they should do.

"I WILL LIFT UP MINE EYES UNTO THE HILLS"

BY EMMA V C. SKILLMAN, R.N.

SINCE OUR first experiences make a very deep impression, I recall vividly my first experience in nursing. Entering the Army School of Nursing during the war, I began my training in one of our southern camps. At first we saw just the outside of things from the schoolroom windows, while we impatiently waited to get into the active world. Shortly, however, we were assigned to ward duty, and the first task given me was feeding a patient who was in an advanced stage of tuberculosis. It was a pathetic case. He was a Tennessee mountain boy who had been stricken with influenza-pneumonia at camp and afterward developed the most rapid type of the white plague. He was gaunt and pale, save for the crimson spots on his bearded cheeks. His eyes were sunken and possessed the brilliance characteristic of the disease.

"Can I ever get the food down without choking him? Will all my patients be like this one? Can I give him any comfort or help?" These were the distracted thoughts that ran through my mind as I urged him to eat.

His paroxysms of coughing were frequent and so severe he could scarcely

recover his breath. In my inexperience I felt utterly helpless and hopeless. But I chanced to lift my eyes, and there, rising above the camp buildings, I saw a hill,—Paris Mountain they called it. It was brown and red and yellow in the light of the late afternoon sun. The beauty of that hilltop renewed my strength. In the days that followed, my task was easier and I could speak a cheering word when I lifted my eyes to the hills.

But we cannot have the hills without the valleys and a nurse cannot proceed far in her profession, or even in her training, without encountering some deep valleys. Is there one of us who cannot recall a time when she longed to abandon her work, to flee from her surroundings, never to hear of sickness or hospitals again?

John Muir, the famous naturalist, tells of scaling a cliff that overhung a precipice. Suddenly he came to a point from which he saw no chance to ascend or descend. His doom seemed fixed; he must fall. For a moment he was bewildered, nerve-shaken. But it was only for a moment. Then he was filled with new life; he regained control of his

trembling muscles; a way of escape became clear, and with a strange influx of strength he made his way to safety.

After all, life is very much like a journey to a far country, or an exploring expedition. When the days are sunny, when the road is smooth, and our companions merry, we must store up within us that strange power for the hour of need. Perhaps it is the ability to lift up our eyes to the hills; to realize that there are hills to look to; to believe implicitly that help will come from those hills, that when needed it will come—almost automatically. For life has its compensations. For every valley there is a hill—nay, two hills.

I was asked to go to a patient at one time, with the explanation that she was not very ill, that she was "difficult"; that many nurses had preceded me. It was not an encouraging outlook. For five months I tried unceasingly, using all known tactics to bring the patient back to normal. A certain amount of success seemed permanent; when, with the caprice of a spoiled child, she turned against me. She returned to her fancied invalidism and I returned home. I was utterly discouraged; five months' work was apparently wasted. Had I been foolish to attempt so difficult a task? How many times should a nurse "turn the other cheek" to such a patient? She had almost killed my love for nursing. I was clinging to the cliff that overhung the precipice of disappointed hopes. But the new strength came. The day after reaching home I was called to nurse an elderly woman whom the years had sweetened, who, though old in years, was young in spirit. She was my hill,—to whom I could lift my eyes. She gave me a new courage to start out afresh.

Unfortunately we are not always blessed with meeting just the right person in the valley.

Once when on special duty in a hospital, I was present at a discussion between two nurses, at just such an unfortunate meeting. One nurse, an enthusiastic, interesting young woman, had had a domineering patient, with an interfering wife. The nurse had tried to carry out the doctor's orders, only to have him fail in supporting her. The situation became uncomfortable. Probably their personalities were inharmonious. The nurse was very much discouraged over the experience. "Don't let it worry you," advised an efficient, brisk, middle-aged nurse. "I give up a case at the first sign of trouble, and find I get along better for it," she added.

A few days later, I heard a former patient of the older nurse remark of her, "I think my pain would have been easier to bear if my nurse had shown the slightest bit of sympathy." To that nurse, life was a level plain; she avoided the valleys and she saw no hilltops. To do otherwise would be sentimental in her sight. What a world of difference there is between being sentimental and having sentiment. How unnecessary the former, how essential the latter.

To nurses, above most people, is given the opportunity to use the finest sentiment. She may comfort many as they pass through the valley, pointing out to them the distant hills. Will not that very spirit inculcated in her, sustain the nurse when she is in the depths of her own valley, and will her heart not whisper, "Lift up thine eyes unto the hills"?

always
ght per-

a hospi-
discussion
uch an
rse, an
woman,
with an
d tried
only to
r. The
Proba-
inhar-
much
"Don't
fficient,
ve up a
le, and
t," she

former
ark of
ve been
shown
To that
avoided
hilltops.
imental
differ-
imental
nneces-
al the

ple, is
e the
omfort
e val-
distant
incul-
when
r own
hisper,
hills"?



MEMBERS OF THE COMMITTEE WHICH ESTABLISHED THE JOURNAL

A—Mary E. P. Davis. B—Harriet Fulmer. C—M. A. Nutting. (Miss Palmer, Miss M. F. Stevenson and Mrs. Robb were also members of this Committee.)

REMINISCENCES OF EARLY DAYS OF THE AMERICAN JOURNAL OF NURSING

BY MARY M. RIDDLE, R.N.

A MODERN ESSAYIST has said that the "whole country is crying out for those who will record it, satirize it, chant it."

The American Journal of Nursing is celebrating its twenty-five years of life and activity by recounting some of its varied experiences in the past, and recording in part its plans and prospects for the future. It has sometimes been satirized en route to this point, while the hour for chanting has not yet arrived,—it being too much alive as well as too virile for that service, besides it is not yet full grown and therefore cannot be nearing its demise through having reached its height and commenced its passage down the other side of the hill of magazine life.

Its prophecy would affirm that its greatest period of success lies in the future rather than in the past; not that greater efforts will be made in the future, but since the ground has been broken, increased, and well tilled, the yield from the planting should be greater. To assure that result, it must depend upon friends who could not have known its beginning. It has sometimes been defeated of its perfect fruition in the past, but it has never wholly lost it, neither has it for an instant lost the vision of its possible value to the nursing profession in this country and in the whole world.

The idea of a nursing journal was one of the many conceptions of Mrs. Isabel Hampton Robb, the originator of the Associated Alumnae of the United

States, now known as the American Nurses' Association. Mrs. Robb believed that the Association needed a publication of its own; in order that its membership might be educated and kept informed of nursing issues and procedures and that the gospel of unselfish devotion to the care of the sick might be spread, with propaganda for securing to the profession a status whereby its usefulness should be increased.

As a beginning of her plan for the establishment of a journal, Mrs. Robb appointed a committee with Mary E. P. Davis as chairman. Possibly the nursing world owes more to Miss Davis than to any other individual for the successful issue of the initial number of *The American Journal of Nursing* on October 1, 1900. Without money or other collateral than that known to the world as her indomitable will, added to an abiding courage and never failing honesty, she began taking subscriptions at \$2 per annum for a journal not yet in existence and which might never be. To every subscriber she announced that if the scheme failed and no journal grew out of her effort, the subscription price would be a loss, through having been used in the endeavor. The nurses of the country were generous and readily acquiesced in the plan.

It was somewhat difficult to secure a publisher for the magazine, but finally the Lippincotts, well known publishers of Philadelphia, undertook the task of printing the *Journal* and conducting its business. The association with these

American
Robb be-
needed a
r that its
and kept
and pro-
unselfish
ck might
securing
ereby its

for the
rs. Robb
ary E. P.
the nurs-
avis than
success-
of *The*
on Octo-
or other
he world
d to an
ing hon-
otions at
ot yet in
ever be.
aced that
nal grew
on price
ng been
urses of
readily

secure a
t finally
ublishers
task of
cting its
h these



FORMER PRESIDENTS OF THE JOURNAL BOARD OF DIRECTORS

A—Annie Damer. B—Isabel McIsaac. C—Jane A. Delano. D—Clara D. Noyes. E—Sarah E. Sly. (Miss Davis, first president of the Board, is included in the group showing the Committee which started the *Journal*.)

publishers proved an unusual educational opportunity for the brave women engaged in furthering a project of which they had not even the most rudimentary knowledge. In case of illness or absence of the editor, a monthly issue of the magazine sometimes devolved upon the president or the secretary of the Associated Alumnae. In prospect, it was a tremendous undertaking, but in reality it was a pleasure, because those officers simply threw themselves upon the mercy of the publishers and were never disappointed in the reception of their request for help, nor in the effect upon the *Journal*.

The committee in charge of *Journal* affairs at once realized the necessity for securing a stable financial basis and accordingly the magazine very early became incorporated. Alumnae associations rallied to its support and purchased stock, superintendents of training schools for nurses and individual nurses did likewise; they were all willing to surrender their holdings to the American Nurses' Association whenever that body was able to take them which it did by purchase, clearing all indebtedness, in 1915. Many owners either presented their stock or sold it at a reduction to the Association. This phase of the work showed great loyalty with devotion and much sacrifice. Nurses were cheerful givers and were prepared to be willing losers. Every worker paid her own expenses and would have scorned a money return for services rendered.

Many of the originators of the *Journal* have gone to their reward in the realm from which no wanderers return. Others are incapacitated or are resting from their arduous tasks, but they are

all to be remembered as pathfinders where the woods were thickest and the sky often obscured by the density of the growth about them.

It is not the purpose here to recount the activities of all pioneers in this work, but justice and appreciation demand that mention be made of those who were prominent and efficient and whose tones were often heard in exhortation to greater endeavors or in encouragement for something done.

Mrs. Robb was the *Journal's* first great loss, as she was also its inspiration and its greatest idealist—she was always a member of the board of directors and took a high stand upon all questions pertaining to the *Journal* and its effect upon the nursing profession; she had her place, and it remains vacant, as she left it, more than fifteen years ago.

Miss Davis and her business ability have been already noted; far-sighted and clear, with a knowledge of the laws of the land as pertaining to the business of the *Journal*, thereby saving, undoubtedly, not only embarrassment but real loss.

Miss Delano, whom nurses know best as Director of Nursing Service in the American Red Cross both before and during the Great War, was also a business woman of experience and of the greatest possible value to the *Journal*. It was largely owing to the study of its conditions, when the president of the board of directors, that the management of its business affairs was advantageously placed in the hands of its editor, Sophia F. Palmer, who held the editorial office during the first twenty years of its existence. The memory of her life and work is too fresh in the

mind
much
log
brou
An
ful p
direc
pres
Assoc
even
as th
ther
unde
bene
Is
with
teen
pres
she
To
faci
cont
be
app
cuss

T
the
in
it
as
not
edu
hav
sm
two
a
era
nea

minds of present-day nurses to call for much comment, but one must recall the logic and dignity of her editorials which brought praise from many sources.

Annie Damer was an exceedingly useful president of the *Journal's* board of directors. Being also a very active president of the American Nurses' Association, she knew the trend of events in the nursing profession, as well as the aspirations of its members. She therefore contributed a keenness of understanding that could not but be beneficial.

Isabel McIsaac was also connected with the *Journal* during all its first fourteen years. She was several times president of its board of directors and she was always a contributing editor. To really appreciate her fine humor and facile pen, one should read some of her contributions, for which inquirers may be referred to the little article which appeared in the *Journal* years ago, discussing the influence of night duty upon

nurses. The search for this article will reveal others that will be found worthy of attention.

And so the *Journal* has proceeded along the ups and downs of the years. It has had its losses and discouragements, but its personnel has ever been true to its purposes and ideals. It lost no time in speeding up the demand for nurse registration by the state nor in advocating laws for the same. It has not failed in embracing every opportunity to aid the state and the nation,—as witness its efforts during the war.

It has never been unmindful of the obligations of hospitals and nurse schools to the pupil nurses in their charge. Neither has it hesitated in expressing an opinion on the subject. It has never turned its back on the nursing profession nor neglected to spread any propaganda intended to increase the usefulness of the nurse in caring for the sick nor in promoting the health of the community.

THE PLACE OF THE JOURNAL IN NURSING EDUCATION

By M. A. NUTTING, R.N.

THERE ARE so many ways in which the *Journal* contributes to the education of nurses and its influence in that direction is so widespread, that it would not be amiss to look upon it as an educational journal, even though not avowedly designed as such. Its educational possibilities would naturally have loomed high in the minds of the small group of women who sought, twenty-five years ago, to build it up as a sound professional journal, since several of them had been teachers, and nearly all were at the time heads, either

of leading Schools of Nursing, or of Hospitals. Summing up the situation as the first year of its publication closes, the Editor says that the *Journal* has already become an important educational factor in the nursing world, and such it has remained throughout the quarter of a century which it now rounds out, increasing steadily in weight, influence and usefulness,—educationally indispensable to graduate nurse and to student alike.

In glancing over the contents of these early issues, I find very few articles that

might not have been about as interesting and informing to student nurses, soon to put their knowledge and training to unforeseen uses in the world outside the hospital, as to graduates already at work in various capacities in the professional field and needing, in their effort to meet creditably many new situations, to draw constant help and encouragement from their fellow-workers. How predominant the educational idea has been from the outset may perhaps be gathered from scanning the titles of some of the articles published in the first year. Here is a serious study of "*The Relation of Bacteriology to Preventive Medicine*" running through several numbers, written by a member of the faculty of Harvard University. Here are carefully prepared papers on Nursing in Obstetrics, on Infant Feeding and the Care of Children, on Diet, on the Uses of Drugs, on Measures for Protecting the Health of School Children (written before the advent of school nurses in this country)—all by well-known physicians or nurses of the day. Here also are several articles on Preliminary Courses for Nurses, then in the early stage of experiment, while a Foreign Department brings news of nursing and hospitals from England, Australia, Germany, Denmark, Sweden, Italy, China, Holland and other countries, and of course each month had something to say about the activities of our young and enthusiastic nursing associations. To those who are interested in relating the education of nurses to their professional life and progress, these early issues of the *Journal* will afford a delightful and illuminating field of study, and one who can go further and find time to carry her study straight through the volumes of

the *Journal* year by year until the present time, can follow the course of events and much of the thought which accompanied them in all of the more notable developments in nursing during the entire period.

I cannot pass on from this brief attempt to show how truly educational in a general sense the *Journal* has always been, and must inevitably be, without pausing a moment to stress the importance of this fact.

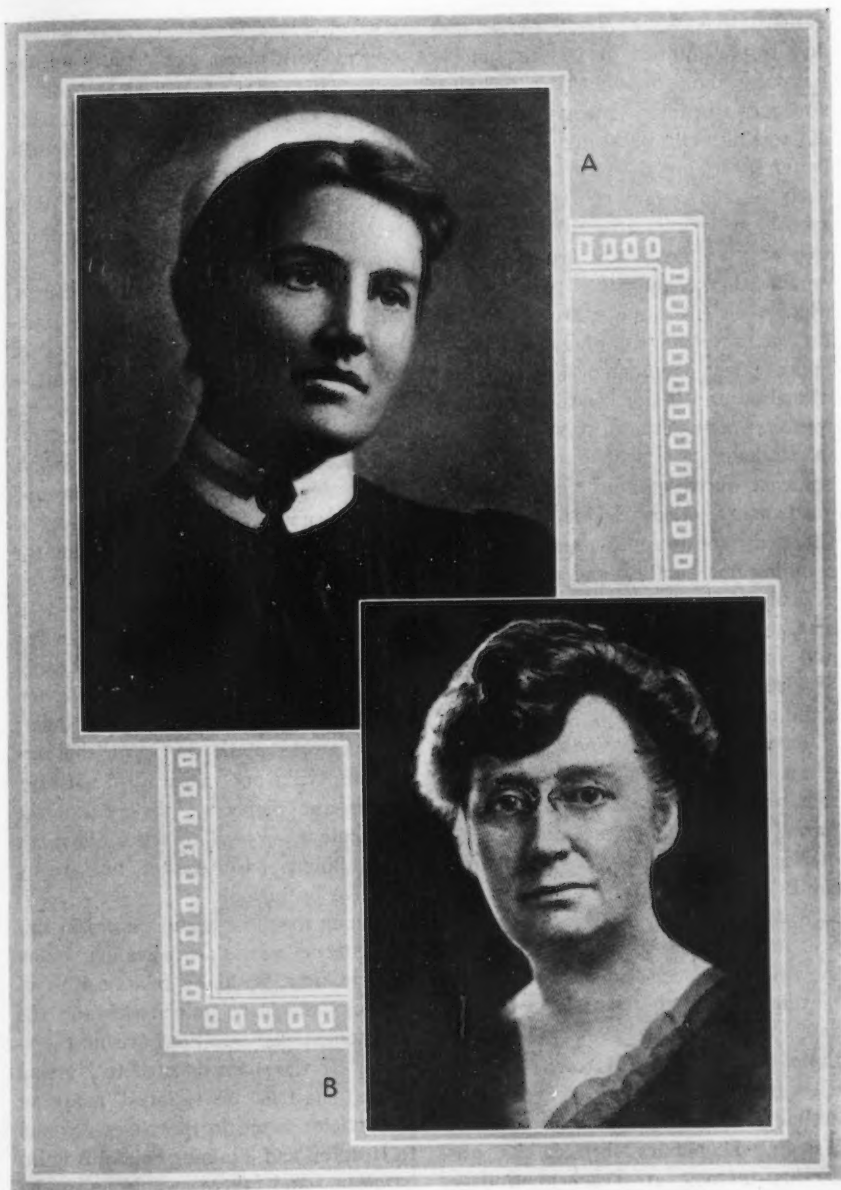
The press has today become one of our great educators. Among the agencies influencing the mental training of the young, the President of the University of Texas in a recent address placed it fourth in importance, following directly upon the family, school and church, in the order named. But as we grow out of our youth and enter into the labors and responsibilities of life,—family and school alike, and not infrequently the church, tend to recede as the immediate instruments in our educational growth, and the daily newspaper, the weekly periodical, become real factors in guiding our thinking and shaping our action. It is through the press that we follow the progress of our fellows throughout the world, that we are able to study man's behavior in his countless activities, and trace in some measure the causes of his failures, and of his triumphs over the forces of nature and over himself. In our knowledge of society and our place in it, the press is our constant educator.

In a very special way, the technical and professional journals which now number thousands, take up our education where schools leave off, establishing for us that connection with our fellow-workers which is vital to the healthy life of any profession, and speaking with an

the pres-
of events
ach accom-
re notable
uring the

this brief
educational
Journal has
tably be,
stress the

one of
e agencies
g of the
University
placed it
g directly
hurch, in
grow out
e labors
family and
ently the
mediate
growth,
e weekly
a guiding
ction. It
ollow the
hout the
y man's
ties, and
es of his
over the
self. In
ur place
ducafor.
technical
ch now
r educa-
blishing
fellow-
lthy life
with an



PRESIDENTS OF THE AMERICAN NURSES' ASSOCIATION

A—Isabel Hampton Robb, President at the time the *Journal* was established. B—Adda Eldredge, President at the present time.

authoritative voice about our duties and responsibilities in it. In nursing journals, the scientific and technical advances and improvements in methods of nursing will naturally occupy the larger space, but the story as it reveals itself of the heroic efforts which our schools are making toward educational freedom; of the steady growth of our organizations, and the problems to which their energies are directed; of the further development of laws for the improvement of nursing, through better education and better conditions for the workers; of the ethical questions arising in our association with our co-workers, amongst whom we must now number a good many others beside physicians; those educate us continuously in understanding one another, and in that most difficult, delicate and important of all arts, that of creating and keeping good and just human relationships without which our work is shorn of its highest significance.

Turning from our vision of the larger educational functions of the *Journal* to that phase of its work dealing with the formal process of education in Schools of Nursing, and this is, I suspect, what the Editor wished me to talk about, we face a clear picture of the place which was accorded education, in finding in the first issue such a department under the direction of the great leader of her day, Isabel Hampton Robb. There are those who will like to recall that her opening article was a description with outlines of lectures of the course in Hospital Economics then in its precarious infancy at Teachers College. From that time on, with occasional intermissions, this department, under able direction, has published a succes-

sion of valuable articles and papers, dealing with about every phase of the work which goes on in our schools of nursing. These range from contributions by nurses daily practicing their art, and finding new and better ways of getting desired results, useful for both teachers and students, to interesting discussions of the responsibilities of hospital trustees, of budgets, finances, scholarships, affiliations, recruiting, publicity, records, and other matters of constant concern to the administrative head of the nursing school. There are a good many papers about the students and their needs,—their health, hours, diet, recreation, student associations and self-government. The larger body of material is that provided for the use of the rapidly growing number of teachers and supervisors and here it is evident much serious work has been and is being done. There are many valuable papers setting forth new ideas, new ways of applying principles, bringing fresh knowledge to bear upon the care of the sick, and control of disease. There are numerous papers on the Curriculum, so easy to write about, so astonishingly hard to get into really effective operation.

Among the most useful papers in this department are those dealing, from time to time, with the relationships of nursing schools to universities and the new educational questions arising therefrom. In the space devoted to Nursing Education must be included many of the articles found in the pages devoted to Hospital and Training School Administration, and there would also be much that is helpful to teachers and students in the Book Reviews. It seems to me difficult to define the place of the

d papers,
use of the
schools of
contribu-
ing their
r ways of
for both
interesting
ilities of
finances,
ing, pub-
atters of
ministrative
There are
students
n, hours,
tions and
body of
the use
mber of
ere it is
een and
ny valu-
eas, new
bringing
the care
disease.
on the
out, so
o really

s in this
g, from
ships of
and the
g there-
Nursing
any of
devoted
Admin-
also be
ers and
t seems
e of the



MEMBERS OF THE EDITORIAL STAFF OF THE JOURNAL

A—Sophia F. Palmer, editor-in-chief from the establishment of the *Journal* in 1900, until her death in 1920. B—Mary M. Roberts, Editor at the present time, appointed in 1921. C—Bertha J. Gardner, Assistant Business Manager from 1913 until her death in 1917. D—Katharine DeWitt, Managing Editor at the present time, a member of the editorial staff since 1907.

Journal in Nursing Education and to attempt to circumscribe its work in that direction. Its place is surely in every class room as well as in the nursing library. It would be well used in *Journal* Clubs and other student societies. It is good for students in any school to realize early that "our way" is not the only way, and the *Journal* can help bring that home. For superintendents, teachers and supervisors, the *Journal* is an essential part of their equipment, and to be constantly used.

May I repeat, the files of our nursing journals are an invaluable part of the equipment of a modern School of Nursing. As merely one illustration of their importance, let me say, that I do not see how the history of nursing can be taught without turning to those pages

in which the first steps towards establishing schools are shown, and the first faint beginnings of every movement toward association in nursing work, and in educational and professional advancement, are chronicled. In the collection of historical nursing material recently given to Teachers College by the Nursing and Health Alumnae, I have felt that it is of much importance to include full files of the representative nursing journals from all countries. We are now engaged in securing back issues of the nursing journals of India, Africa and other countries, realizing that they provide the best and often the only extant records of nursing history. There are of course ways in which the *Journal* might be made even more useful in forwarding educational work, but these must await discussion at some later date.

INTERNATIONALISM IN NURSING

BY LILLIAN D. WALD, R.N.

EVEN THE most convinced chauvinist might hesitate to question the constructive international value of the nursing profession, established the world over as an instrument of service to mankind, irrespective of political, racial or social frontiers.

Perhaps no other group can present its page in history so unsullied by departure from the traditional obligation to help the sick and suffering without prejudice or antipathy. Naturally, this function is most strikingly emphasized by the demonstrations of "The Public Health Nurse," and fortunate indeed is she, accepted everywhere as a universal educator and tender ministrant, unhampered by controversy in pursuing the even tenor of her tasks.

The nurses are the natural heiresses of that distinguished citizen of Switzerland, M. Henri Durant, who in 1863 created the Red Cross. Himself an internationalist, he was doubtless inspired by a spiritual longing to cling to the vision of the brotherhood of man, even in the midst of battle and slaughter.

Many are the illustrations that could be cited from the annals of the nursing profession of this never relinquished faith in the relationship of peoples. English Florence Nightingale, technically trained in Germany, and stirred into action by a crisis of her own people, capitalized post war reactions to secure a hearing for sane, constructive and universally needed principles of life conservation. The alliance of her

school with her propaganda made the war, which gave her opportunity, sink into historic insignificance as compared with her great contribution to humanity. Miss Nightingale makes a good ancestress for the nurses combining for mutual advantage from all parts of the world. The recent conference at Helsingfors, following in logical sequence the efforts of pioneer nurses to get together, doubtless afforded many occasions for impressing on the leaders of the profession assembled there, the necessity for the affiliation of like-minded people directed to world service.

This anniversary number may happily chronicle and give tribute to the priceless gifts brought by Lavinia L. Dock to the formation of international leagues. Her secretarial files will never divulge what she gave and what she was and is,—but implicit in her accomplishment is the valiant spirit of her internationalism. Whether her contribution is recognized or not is of slight consequence (none to her whatsoever), but her spirit will always hover over those nurses who are freed to give expression to their aspirations.

To others must fall the responsibility of recording and evaluating the far-reaching activities of those distinguished nurses who have carried on their work in foreign lands amid alien cultures and civilizations. What traveller, acquainting himself with the English and American nurses transplanted to the institutions in Asia, in Africa, in India, in Egypt, in the Caribbean seas, where not, but has felt the happy relationships established with the native students, who in turn are links in the endless chain of goodwill and humanitarianism?

History is being made rapidly, and

fine chapters will follow as nurses emerge more and more into a full consciousness of their value, their importance, and their consequent power to aid in establishing a progressively intelligent society. Everywhere there are indications of the growth of reliance on such education to promote better relations. Accelerated doubtless by the tragedy of the war and by the revelations of actual conditions growing out of it, the League of Red Cross Societies, the Rockefeller Institute, colleges, nurses' organizations, and public-minded individuals are actively engaged in the promotion of facilities to extend hospital and public health nursing education. From forty-one countries students have gone to the training school established in 1921 by the League of Red Cross Societies at Bedford College in the University of London. This is but one of several institutions recruiting on a large scale the growing army of nurses which is gradually spreading out over the globe.

The writer cannot stress too forcibly the great opportunity for the nurses to practice here in America the ideals of the founder of this republic,—the spirit of brotherhood, internationalism, whatever one wishes to call it. New York City is enriched in her cosmopolitan character by the meeting of many peoples, *all*, yes *all* of whom draw upon the public health nurse. In a single day's routine, the staff of one organization may and does carry her message and her service to patients who have begun life in England, Ireland, Wales, Scotland, Denmark, Sweden, Norway, Finland, Holland, Belgium, France, Spain, Portugal, Italy, Greece, Switzerland, Poland, Russia, Czecho-Slovakia,

Germany, Hungary, Austria, Bulgaria, Roumania, Serbia, Syria, Armenia, Turkey, China, Japan, Korea, Australia, Brazil, Peru, Uruguay, Venezuela, Mexico, the West Indies, and other countries remote in distance and civilization. Sometimes even the American Indian, engaged in bead work or basketry, or spreading propaganda in the interest of land-claims, is encountered by the nurses on their rounds. What more than these daily contacts with the races could qualify one for an understanding and interpretation of the peoples who make up the pattern of internationalism?

The nurses find that the things that count in the daily lives of individuals are strikingly similar: the things that are alike among peoples are many; the things that are unlike, few. Diplomats may not regard as of any consequence the common aims and the common needs of individuals; yet nations and worlds are made up of individuals, and the experiences of the nurses dealing with the most diverse types among them may well give cause for deep reflection on the part of those who proclaim the superiority of one race, the inferiority of another.

DEVELOPMENT OF PRIVATE NURSING

By EMILY OATWAY BOSWALL, R.N.

IN OCTOBER, 1900, when the first number of the *American Journal of Nursing* was printed, private duty nurses were very busy. There were many cases of typhoid fever, sometimes two or three members of a family at one time, requiring the services of two or three nurses; pneumonia seemed more frequent and the cases were of longer duration than now. There were many, many cases of measles and of scarlet fever; diphtheria took a frequent toll of young and old.

There were fewer private hospitals. Organized school nursing and public health nursing, in all its branches of industrial work and of tuberculosis visiting were unknown. The Instructive District Nursing Association, of Boston, was among the first, if not the first, in the field, and much the senior of all associations, settlement houses and similar organizations for the betterment of the living conditions of the sick and the well poor who are always with

us and who will be until the Millennium. Possibly the Henry Street Settlement in New York and some day nurseries, here and there, may antedate the "I. D. N. A.," of Boston.

In 1900, the visiting nurses worked among the really poor on small salaries and collected no fees; now, on increased salaries, they collect fees from all who can pay, and also make visits to give baths or enemas to well-to-do people who could easily pay the price of a private nurse. The money collected in fees helps to meet the expenses of the associations and pay the increase in salaries.

Schools for household attendants are in many cities with graduate nurses at the head of them. Varying standards of teaching prevail. Apparently women of mature age enter, as well as those of the age of hospital probationers. Some schools obtain a short period of hospital service to offset the theoretical training, but some schools cannot and do not.

ings that
dividuals
ings that
any; the
diplomats
sequence
on needs
d worlds
and the
ing with
hem may
ction on
aim the
riority of

lennium.
ement in
ies, here
"I. D.

worked
salaries
increased
all who
to give
people
ce of a
ected in
s of the
ease in

ants are
urses at
standards
women
those of
. Some
hospital
raining,
do not.



MEMBERS OF THE PRESENT BOARD OF DIRECTORS OF THE AMERICAN JOURNAL OF NURSING

A—S. Lillian Clayton, President. B—Elsie M. Lawler, Secretary. C—Mary M. Riddle, Treasurer for nearly twenty-five years. D—Sally Johnson. E—Evelyn Wood. F—Stella Goostray. G—Bena M. Henderson.

These attendants are sent out in large numbers to take the place of graduate nurses. It has been reported that physicians have said they could make more visits when they employ attendants to care for their patients than with a graduate nurse on duty.

There are now so many people living in flats or apartments, there is no room for sick nursing, so the patient is taken to a private hospital, if he have a long purse, and to a free hospital if his funds be low. Maternity cases are more often sent to a hospital than formerly. When the babies of this coming generation grow up to the age for travel, and apply for passports, probably a very large percentage, when asked for the place of birth, will have to give the name of some hospital. The calls for "hospital specials" are many, and for young graduates. These like the twelve-hour duty and take these calls. It must add considerably to the value of a baby to have the birth in a hospital, with the payment of two nurses and their board added to the cost of a room and the bill of the physician.

Preventive medicine is becoming a great force in lessening sickness. Typhus fever is almost unknown in the United States; typhoid fever and smallpox are sporadic. Pure food laws are enforced in most of the states. There is more interest paid to dietetics. Sanitation and hygiene claim individual and national attention. Still the hospitals are full; death lists are long; and doctors and nurses are much needed.

To obtain pediatric experience for pupil nurses is somewhat of a problem in some cases. Some get it on the

Floating Hospitals, some in Settlement work, some hospitals have a large children's service and some take post-graduate courses in children's hospitals. There is a great demand for probationers. The age limit is elastic. Regular instructors are provided, pupils have more class work, have shorter hours, better sleeping quarters and there is more provision for the social side of life.

It is an open question whether the food is better than it used to be, that is a mooted subject, or whether self-service in cafeteria style is as conducive to good digestion as sitting at a long table and being waited on, while one rests weary muscles.

Better quarters for "specials," in which they may robe and disrobe are provided in most hospitals, but there is still a crying need for attention to this matter.

To repeat: there is very little private duty nursing such as there was in 1900. It may sound strange to say that private duty nursing has developed into School, Industrial, Public Health, and Tuberculosis Work, Visiting Nursing and Hospital Specialing, but such seems to be a logical conclusion.

AN IMPORTANT APPOINTMENT

Edith J. L. Clapp, a graduate of the Presbyterian Hospital, New York, has accepted a position with the American Nurses' Association as a Field Secretary. Miss Clapp entered upon her duties on September 15, and brings to the position a wealth of experience in organization as well as in administrative work, and is admirably fitted for the work required by the Association. Miss Clapp's vision and enthusiasm will be welcomed by all those who are fortunate enough to be present at the State meetings which she will attend.

EDITORIALS

THE JOURNAL'S TWENTY-FIFTH ANNIVERSARY

THIS ISSUE of the *Journal* is, in part, a memorial of that first issue, put forth in faith and hope, in October, 1900.

The launching of a magazine is not a simple thing. It requires capital, confidence, business ability and literary ability. How were these secured by the small body of women then forming our national associations? Miss Riddle answers the question in her "Reminiscences," recalling to our minds the work of Isabel Hampton Robb, Mary E. P. Davis, Sophia F. Palmer, Isabel McIsaac, Jane A. Delano, Annie Damer, and of others all over the country who gave of their best, either as stockholders or as contributors, to help make the venture a success.

There is one staunch friend of the *Journal*, one who has stood by it from the earliest days until now, who is not mentioned in those reminiscences,—that is, Miss Riddle herself. Miss Riddle has been treasurer of the American Journal of Nursing Company almost from the beginning and, through that office, a member of the Board of Directors, where her knowledge of the past, as well as her advice for the present are greatly valued. In addition to this responsible work, Miss Riddle was for some years a department editor, and she has been an occasional contributor to the body of the *Journal* as well. Her well known business ability, her good judgment and practical common sense have been a steadying influence through the years, while the various offices she has held in our nursing organizations

have increased her value to the magazine.

Two department editors who served without compensation for many years and who helped to widen the horizon of *Journal* readers were Lavinia L. Dock, editor of the Foreign Department, and Elizabeth Robinson Scovil, editor of Notes from the Medical Press. Both were punctual, untiring and were experts in their fields.

The subscription list as it stands today is a monument to the untiring, detail work of three people: Mary Blair who had charge of it at the beginning and until it was transferred to Rochester in 1913; Bertha J. Gardner who took it at that time and who built up the excellent system now in use; Sarah E. Kinlay, now Office Manager, who assisted Miss Gardner and then carried on the work, having been so engaged for eleven faithful years. To all of these, the complicated details were a labor of love and a source of pride. We hope to publish, next month, a list of the subscribers who have been with the *Journal* since October, 1900. Many whose subscriptions began at that time continued them while life lasted.

The story of the growth of the *Journal's* advertising, so necessary to its support, is told on another page by Walter S. Slack, Advertising Manager since the beginning, with only a few year's interim. Of the advertisers who began with the first issue, one firm has been steadily with us,—Meinecke & Company.

It is hoped that *Journal* readers will enjoy seeing the groups of *Journal* workers whose photographs have been

assembled for this special number. There are hundreds more who have worked in obscure places, in unknown ways, but who have nevertheless helped make the *Journal* what it has become and what we hope it may always be, "a necessary part of the trend of nursing progress."¹

THE HELSINGFORS CONGRESS

"We, nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves into a confederation of workers to further the efficient care of the sick and to secure the honor and the interests of the nursing profession."

SUCH IS the preamble to the Constitution of the International Council of Nurses which was adopted in 1900. Since that time two business meetings have been held in Copenhagen and international congresses have been held in Buffalo, Berlin, Paris, London, Cologne and Helsingfors. Meetings planned for San Francisco in 1915 and in Atlanta in 1920 failed to materialize because of difficulties incident to the war.

In letter and in spirit the conference at Helsingfors clung steadfastly to the ideals so clearly set forth a quarter of a century ago and added immeasurably thereto by discussions of many phases of public health work. Unity of thought, sympathy and purpose! A challenging phrase—but every listener came away impressed with the fact that the followers of Miss Nightingale the world around were animated by a remarkable fundamental unity of purpose even though differing widely on many phases of procedure.

What are the major values of the conference? What the minor? Time alone

will tell; furthermore permanent values will be determined by the needs of each group. If it be true that American nurses suffer from a tendency to professional chauvinism there is tremendous value in having more than two hundred nurses scattered over our country who have come home with a boundless respect for the achievement of the nurses of Finland in entertaining the Congress in so remarkably competent a fashion, for that entertainment was no mere "flash in the pan", but an expression of the honored position held by nurses in Finland. It could never have been brought about by women whose professional position was not secure.

Nor is Finland alone in winning sympathy and understanding and respect. Country after country was represented by women of such dignity, poise, and ability that respect was automatically accorded even when they happened to argue the opposite side of a question. We have no monopoly of the spirit of nursing. It is shining glowingly in the Nightingales of many lands. The conference has given the new courage which is essential fuel to those whose flame has not yet succeeded in "pushing back the dark" as well as to those nurses more fortunately placed.

The report published in this issue contains only the high lights of the meeting. Subsequent issues will carry such of the official reports as promise to be of interest to our readers. We shall accomplish our purpose only when American nurses spiritually and intellectually are in their thousands individually aligned with other thousands of splendid women all over the globe who are likewise engaged in the marvelous enterprise

¹From an editorial in the first number of the *Journal*.

of mal
world
was
Bergl
can b
fense
fection

S
H
requi
of the
times
thoug
confe
of N
to.

By
it
loyal
place
and
mak
thin
erou
not
ers
an
The
wou
am
pres
tion
of
cou
mar
agr
ple
mo
the
ual
sec
no

of making this a healthier and a happier world in which to live. The conference was a glorious expression, to quote Sister Bergliot Larrson of Norway, "of what can be accomplished by union in defense of real values, embraced with affection and supported by conviction."

THE INTERNATIONAL NURSE

SOME ONE, Was it Elihu Root? has said "the indispensable prerequisite of lasting peace is the creation of the international mind." How many times the sentence has recurred to our thoughts during the thrilling days of the conference of the International Council of Nurses and the travel incident there-to.

By the international mind we take it he meant the development of loyalty to principles rather than to places, to ideals rather than to persons, and a discriminating judgment that makes large things large and small things small and the awarding of generous credit where credit is due. It was not wholly in jest that one of the speakers said that the Conference was setting an example for the League of Nations! There are many questions on which it would be difficult to secure agreement among the nurses of the world at the present time. One has only to mention midwifery or the relative amounts of theory and practice in a nursing course to discover this. There are many others on which a basis of agreement is easily reached. For example, every group of nurses wants the most intelligent, the most versatile, the best educated, the most spiritually gifted recruits it is possible to secure, for no country has a monopoly of professional idealism.

It was not the conference alone that set us thinking of the spirit of internationalism. Great were the opportunities presented during the travel, whether direct or roundabout, to and from Helsingfors. The hundred nurses aboard the "Caronia" learned to know each other better during the days of voyaging. They had many opportunities of meeting British subjects and not all the conversation on shipboard was devoted to deck sports, the ship's concert, the captain's dinner and the raffle, by any manner of means. Those who traveled independently had even greater opportunities for they traveled on Scandinavian ships and those of other countries less familiar than England. Paths through Europe crossed and recrossed, always with an eager comparison of notes on matters professional and non-professional.

We were constantly astonished at the ease with which professional doors were opened. With the irreducible minimum of a language and a smile one could secure an entree to hospitals, and health organizations anywhere. In Stockholm, Copenhagen, Berlin, Paris, London and other cities, to be a *nurse* was enough. How often one met with the greatest surprises. It was a wholesome and stimulating experience, for example, to find a veritable gem of a hospital in a city like Gothenburg, which had previously been nothing more than a port of entry to Sweden, and to accept the very perfection of hospitality from nurses who had only over night in which to prepare for guests.

The officers and honor guests of the Council who were entertained by the government of Finland at Halila for

the week following the conference paint glowing pictures of the charm of that great sanatorium for the tuberculous.

A few hours in the old world Island of Peace which is Kaiserswerth was compensation for the extra hours of travel involved. And what memories one brought from Paris where the municipality some twenty years ago erected what is still an excellent building for a central school for nurses; where a very modern piece of work is being painstakingly developed by Mlle. de Joannis and the American Committee despite the fact that the building which houses the students was built in 1540. Paris; the home of the Child Welfare School founded by the American Red Cross in cooperation with the Medical School of Paris University and the home, too, of the League of Red Cross Societies with a nursing service that stretches out a helping hand to any of the member countries desiring it.

And what can one say of London with its monuments to Florence Nightingale and Edith Cavell? Perhaps that, just as one's emotions were aroused by the breath-taking beauty of the panorama from the top of the Rigi in Switzerland, so were they aroused by the privilege of viewing the precious memorials of the founder of modern nursing at St. Thomas' Hospital. There, too, one could view within one fleeting afternoon historic old "Bart's" and the charming new home of the students of the International Course at Bedford College.

No two persons could bring home identical memories of the summer in Europe for no two persons had mental films sensitized for the same impressions. Nor are any two listeners interested in

exactly the same accounts. There are those who looked upon the Palace of the Nations in Geneva as merely a place where conferences are sometimes held. There were those who regard it as the very heart of the hope of the world for peace and who wept to see America listed with non-member nations along with Ecuador, Egypt, Germany, Mexico and Soviet Russia.

There were those who prized every contact with the educational groups gathered at Edinburgh and at Heidelberg for International Conferences for they, too, were searching for the mutual aid of an international spirit.

Into the tapestry of memory are woven many pictures, be the background that of art, of literature, or of professional and social interests. More than 200 American nurses went abroad with the International Conference as their main objective. They are returning home by every boat. Each one may become—we believe will become—a more potent force in her professional group than ever before for the spirit of the conference will burn within her. With the larger view have come new ambitions and the strongly burning pride of the American nurse will become transmuted into pride in becoming that best type of American nurse, one with an international viewpoint. We have knowledge of the plans of some of these women. They embrace programs, already well mapped out, for completing high school credits, and securing university courses in nursing, for reading courses in art and in history, and for language study. Thus the summer abroad has stimulated all these women to obtaining a richer personal life and thus a wider professional opportunity.

ere are
place of
erely a
ometimes
egard it
of the
to see
nations
rmany,

every
groups
Heidel-
ces for
mutual

ry are
back-
or of
More
abroad
nce as
re re-
ch one
ome—
ssional
irit of
her.
e new
urning
ll be-
ecom-
urse,
point.
some
pro-
for
d se-
g, for
y, and
mmer
omen
and
nity.

WHO'S WHO IN THE NURSING WORLD



LI. MARY STAINES FOY

BIRTHPLACE: Bushnell, Mich. **PAR-
ENTAGE:** American. **PRELIMINARY EDU-
CATION:** Public Schools, Greenville,
Mich.; three years, Battle Creek Col-
lege, Battle Creek, Mich.; Honorary
Mistress of Liberal Arts, conferred by
Olivet College, June, 1925. **PROFES-
SIONAL EDUCATION:** Class of 1890,
Battle Creek Sanitarium and Hospital
School of Nursing, Battle Creek, Mich.
POSTGRADUATE WORK: Various. **POS-
ITIONS HELD:** Various supervising posi-
tions in the Battle Creek Sanitarium
and Hospital; ten years office nurse and
assistant to Doctor Kellogg, Medical
Director of the Battle Creek San-
itarium; Principal of School of Nursing,
and Director of Nurses, Battle Creek

Sanitarium and Hospital, from 1899 to
1923; from 1923 to present time, Direc-
tor of Nurses, Battle Creek Sanitarium
and Hospital School of Nursing. **OFFICES HELD:** Member of the Board
of Directors of the Michigan State
Nurses' Association most of the time
since its organization; President, Mich-
igan State League of Nursing Education,
1894; member of Michigan Board of
Registration of Nurses and Trained At-
tendants, 1912 to present time; member
of the Board of Directors of both Dis-
trict and Alumnae Associations. **ADDI-
TIONAL INFORMATION:** Attended the
first mass meeting of American Nurses
in Chicago, in 1893. Charter member of
the Michigan State Nurses' Association.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE PRESENT CONCEPT OF METHOD¹

BY GEORGINA LOMMEN

IF ONE were to summarize the factors that are influencing the profession of teaching irrespective of the different fields in which that teaching may be done, one could list them perhaps under four heads. Within ten years we have been effecting a very material change in our current philosophy of education. About a quarter of a century ago, an educational prophet arose among us. When the history of education is written, Dr. John Dewey's name will probably appear among the greatest contributors of his century. Briefly stated, the Dewey philosophy of education, whether it be for children or for nurses, for men or for women, insists that the function of education shall be that of directly assisting the individual to his best self-realization. To quote directly from Doctor Dewey, the aim of education is "to free the life processes for their own most adequate fulfillment."

The second factor to be taken into consideration is the growing importance of the employment of scientific method of study in education. It is only in the last decade that we have begun to control the factors in education. We are training our workers as never before; we are building laboratories where experiments may be conducted, weighed, evaluated, verified and recorded. Yes, education is rapidly becoming a science!

¹Read before the National League of Nursing Education, Minneapolis, Minn., May 28, 1925.

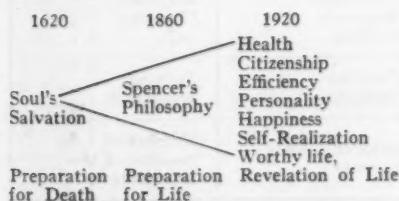
The third factor is the new definition and the functional character of educational psychology. Many of us in this audience belong to a generation that taught and believed in the psychology of faculty training. There was a current opinion that misbehavior in the individual, whether it was mental or social, nervous or physical misbehavior, was the result of sin. Our new psychology is a much more helpful science. It gives us this principle upon which to work: every experience with which we are confronted brings about a change in our mental set-up and our social set-up that modifies the total result of life. This new psychology is referred to as behavioristic psychology and accepts as its unit of departure that theory known as the Situation-Response Unit.

The fourth factor influencing education is the introduction of social and industrial materials into our curricula. Curriculum activities, whether in the elementary or secondary schools or in schools of training for vocational education, are no longer concerned with a few lines of subject matter adapted especially to that particular field but any education or curriculum worthy of the name today is as broad and rich as life is broad and rich.

Taking our departure from these four factors, let us make clear the influences at work affecting our materials and methods of instruction. A backward look into the history of instruction

reveals
the ear
that e
vidual
materi
insure
soul.
metho
was n
be. I
a half
of a p
formu
adopt
tion o
individu
the ac
perme
tion
chang
Math
civics
curric
the
social
broad
gram
second
ing f
train
As a
"We
parin
parin
revel

reveals but one specialized education in the early history of America; the aim of that education was to enable the individual to gain such control of spiritual material and individual conduct as to insure the salvation of one's eternal soul. The materials were religious, the methods were severe, and the product was not always what it was intended to be. In a little more than a century and a half, we come upon the development of a program of education defined and formulated by Herbert Spencer which adopted as its key motive the introduction of the humanities, in order that the individual might be better prepared for the activities of adult life. That motive permeated every department of education and brought about a tremendous change in education on all levels. Mathematics, the sciences, history, civics, and literature were added to the curriculum, all of this to the end that the individual might become more socialized. Today we come upon these broadening aims in our educational program: first, training for citizenship; second, training for health; third, training for practical efficiency, and fourth, training for a nobler use of leisure time. As a student of mine remarked one day: "We have grown from a program of preparing for death through a program preparing for life to an actual policy of revealing life to the learner."



(From Parker—Chapter II)

Let us pause for a few statements from leaders in the field of education as to the immediate aim and function of the educational process. Doctor Bagley, who is perhaps one of the foremost leaders in teacher training in America, says:

The aim of education is three-fold: first, to help the individual to pull his own weight in the work of the world; second, to give to the individual an attitude of non-interference with those who would do likewise; third, to give the individual the attitude and willingness to make conscious effort toward progress.

Most of us fail on the third element in this aim. There is a pretty definite sentiment in America today and among young people everywhere that "the world has a right to expect from us that we pay our way; if we pay it well, that is sufficient." But that it not sufficient. Whether it be your profession or ours, our part has been fulfilled only when we have brought creative effort to our profession and to our world. Another leader for whom we teachers have a very great respect, Dr. W. W. Charters, gives this definition, brief and very much to the point:

The aim of education is to give the individual an appreciation and a control of life values.

Doctor Bonser, of Columbia University, defines it thus:

To lead the individual progressively into ever widening and ever deepening experiences that he may live an increasingly rich and worthy life.

Doctor Dewey again defines the aim of education thus:

To develop in the individual continued capacity for growth.

And just how are these idealistic aims to be achieved? The answer to this question relates to method as an aspect of instruction. Three thousand years

ago, the Chinese culture gave to the world a method of instruction still as good as it was in the age of its conception. Because the memoritor method of learning, based upon repeating again and again the fact that one wishes to retain, is three thousand years old, is no reason for its present discard. There is still in every institution of learning some material that can best be learned and retained by that very method of learning, but it must be adapted to the nature of the subject matter to be learned and we must have the additional element of interested and rationalized attention.

Another method which through the centuries we have been slow to appreciate was the method used by Jesus Christ, the world's greatest teacher. We are just beginning to sense its possibilities. The particular characteristic of His method lay in the adaptation of the lesson to the situation of most immediate need. When He came upon the Samaritan woman beside the well, He saw her social and spiritual need and with His parable He helped her to meet this spiritual need. He did that for the

Pharisee, and for the Publican. We may draw from His method of teaching a fundamental principle for good teaching today; to recognize the learner's need just at the moment when it occurs, and to utilize the need as a motive to that individual's intellectual activity.

The Herbartian steps of the eighteen hundreds exerted a profound influence upon educational practices in America. The chief difficulty in that particular type of procedure lay in its ultimate inadaptability to all types of subject matter and the artificiality with which it was applied to all learning situations.

We are today enthusiastically utilizing a teaching procedure known as the project method. The concept, as defined by Doctor Kilpatrick, seeks to incorporate whole-hearted, purposeful activity on the part of the learner, the application of the laws of learning, and the inclusion of ethical qualities of conduct. We are indebted to Dr. S. A. Courtis, of Detroit, for the following graph showing the relationship of instructor and learner as conceived by this method.

	First Stage	Second Stage	Third Stage
Nature of Activity	Stimulation	Achievement	Interpretation
In Charge	Teacher	Learner	Learner Teacher
Teachers' Work	Presenting Selecting Arranging Stimuli	Conference Reference Guiding	Direction "Leading on"
Pupils' Work	Purposing	Planning Executing	Judging Evaluation
Product	Formation of a purpose Experiencing	Achieving the purpose	Conserving the benefits of the experience

—Detroit Journal of Education, February, 1922.

But in spite of our more democratic philosophy, in spite of our behavioristic psychology, in spite of our desire to include social values in every curriculum and in spite of our larger vision as regards matter and method, we teachers still classify rather generally into what we may term progressives and conservatives. May I characterize briefly these two groups? On the banner of the progressive group we find such key-words and slogans as these: the case is of the individual; freedom, spontaneity, and self-activity are the means; the end is self-realization for the individual. On the banner of the conservative group we find these key-words: the curriculum, our racial or professional heritage, must be the point of our departure; law, obedience and discipline are the means; culture, conduct and character are the ends. To keep our balance between the new and the old is no small task. "To be not the first by whom the new is tried nor yet the last to lay the old aside," is quite as desirable in education as in the field of fashion.

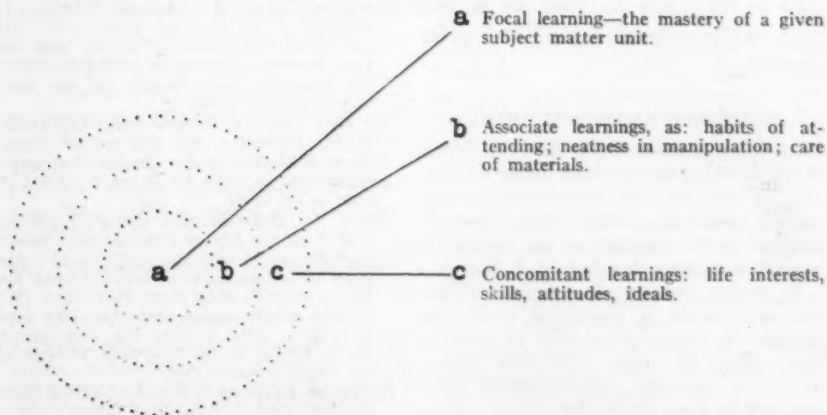
Were we to analyze our instruction

today, it would correspond perhaps to our levels of thinking, to our levels of personal and professional philosophy; in the light of this more democratic philosophy and procedure we might be classified on the low or high plane just in the measure that we accept and approximate the ideals of the new theory of education.

PLANES OF INSTRUCTION		
Respect for Personality	Learner's Activity	Student Purposing
— — — —	— — — —	— — — —
Militaristic Discipline	Teacher Activity	Course of Study

One other phase of this liberalizing tendency in the instructional process should be discussed: *No learning situation is ever single.* One cannot isolate the subject matter involved in a recitation period from the development of skills, habits of work, and the ideals, attitudes, standards and tastes that enter into the total learning experience. We can best show the totality of the learning experience in the following representation:

THE TOTAL LEARNING SITUATION



—DR. KILPATRICK—Project Method, *Journal of Educational Method*, April and May, 1922.

What are the personal qualities desired by the public in its teachers in order that these conditions and ends may be achieved? A foremost educational leader in the country selects his teacher on the basis of five qualities: first, her ability to speak her mother tongue with precision; second, the possession of gentle manners; third, the habit of reflective thinking; fourth, the power to do; fifth, the capacity for growth. A delightful group is suggested by Dr. George Herbert Palmer, of Harvard, in his Essay on "The Ideal Teacher." She must possess an aptitude for vicariousness, an accumulated wealth of knowledge, the ability to invigorate life with knowledge, the willingness to be forgotten, that is to say, an attitude of unselfishness.

Let me give you Dr. John Dewey's qualities and I have finished. First, integrity of purpose; second, singleness of purpose; third, the open mind; fourth, the willingness to bear responsibility for one's own acts, even to thinking.

In summary, then, the burden of my discussion lies in this statement: helping students to do what they really must do, just as we adults do when we do our best, is the essence of good method in teaching.

NOMINATIONS NOW IN ORDER

Attention is called to the fact that nominating blanks of the American Nurses' Association for 1926-1928 have been mailed to every member association. These blanks must be returned to the chairman of the nominating committee not later than January 1, 1926.

If, through some error, a state association has not received a nominating blank, the secretary is requested to write at once to Miss Agnes W. Reid, 1710 Vine Street, La Crosse, Wisconsin, and immediate attention will be given the matter.

OUR CONTRIBUTORS

The contributors to this, the twenty-fifth anniversary number of the *Journal*, are of such eminence that comment is almost superfluous.

Rev. Joakko Gummerus is the Bishop (Lutheran) of Finland.

Both the words and the music of the "Song of the Nurses" were composed in honor of the International Council of Nurses.

The enthusiastic reception accorded **Annie W. Goodrich** at Helsingfors when she presented her paper, "The Part of the Nurse in the Social Integration," is proof positive that she needs no introduction to nurses anywhere.

Carleton Deedera, M.D., has provided one of the type of practical articles for which we constantly search.

Franklin W. Bock, M.D., is a member of the Committee on Research of the National Federation of Organizations for the Hard of Hearing, Director of the Rochester, N. Y., League for the Hard of Hearing, and Director of the Deafness Prevention Clinic of No. 18 School (2300 Children), Rochester.

Private duty nurses have asked for "more" of **Emma van Cleve Skillman's** inspirational writing, so here it is.

Mary M. Riddle has always been a staunch supporter of the *Journal*. As her memory extends to "the back of beyond" when there was no *Journal* she was logically chosen to write the Reminiscences. A wholly adequate story of the *Journal* would require many pages of tribute to the stalwart pioneers who founded it, to the thousands of nurses who have contributed to its success, and to the other thousands whose daily lives are a constant incentive to the editors.

Believing that the preparation of nurses for their calling is fundamental to all else in the profession and that the *Journal* has had a pronounced influence on Nursing Education, we asked **M. Adelaide Nutting** to evaluate it for us. Any nurse who does not know Miss Nutting should read the *June Journal*! She shows how consistently the magazine has "hewed to the line" throughout the years.

We were fortunate in persuading **Lillian D. Wald**, originator and director of Henry Street Settlement and a distinguished internationalist, to write for us on a subject so near to her heart.

Emily O. Boswell says she graduated in 1888 from the Boston City Hospital School of Nursing and with the exception of a few years in various types of hospital work has been a private duty nurse ever since. We do not wholly agree that the older type of private duty nursing has disappeared. She is Editor of the *Quarterly Bulletin of her Alumnae Association*.

Georgina Lommen is President of the State Teachers College, Moorhead, Minn.

REVISION OF THE STANDARD CURRICULUM¹

(Continued)

NURSING IN GENERAL MEDICAL DISEASES

This outline covers the diseases usually found in the general medical wards of a hospital, including a number of communicable diseases.

Time: 30 hours, divided as follows,—Lectures by physicians—15 one-hour periods. Classes and discussions by nurse instructor. Clinics may be given by either the physician or the nurse depending on whether the medical or the nursing aspect is to be emphasized. 14 one-hour periods. Given in the second half of the first year.

OBJECTS OF THE COURSE

To give the student a practical understanding of the causes, symptoms, prevention and treatment of the commoner medical diseases, so that she may intelligently care for her patients, and give skilled assistance to the physician. To increase her ability to observe and report the symptoms of disease and the effects of treatment.

OUTLINE OF LECTURES AND CLASSES

I. Diseases of Blood and Blood Vessels.

The anemias—primary and secondary. The leukemias. Disturbances of coagulation. Hemophilia. Purpura. Arterio-sclerosis. Embolism—thrombosis. Aneurism.

II. Nursing of Above Diseases.

Observation of patients. General nursing measures required in above conditions. Blood pressure. Methods of handling patient with femoral thrombosis. Case reports.

III. Diseases of the Heart.

Congenital heart defects. Mechanism of heart diseases. Infections. Endocarditis and pericarditis. Lesions produced by them. Valvular lesions. Myocarditis. Degenerative processes. Compensation and decompensation. Acute heart failures. Angina pectoris. Minor heart affections.

IV. Clinic on Diseases of the Circulatory System.

V. Diseases of Respiratory System.

¹This outline has been prepared by the following sub-committee:—Ethel P. Clark (Chairman), Margaret Carrington, Florence Carling, Helen Young and Katherine Strobel.

Coryza, Laryngitis, Pharyngitis, Edema of Larynx. Bronchiectasis. Emphysema. Bronchitis, acute and chronic. Influenza.

VI. Quiz and Discussion of Nursing Measures in Above Diseases.

VII. (Continuation of V.) The Pneumonias. Pleurisy. Empyema. Pneumothorax.

VIII. Clinic on Respiratory Diseases.

IX. Diseases of Esophagus and Stomach.

Esophagus—stricture. Gastritis, acute and chronic. Gastric dilatation, acute and chronic. Gastric ulcer. Neuroses of the stomach.

X. General Nursing Measures Required in Above Conditions.

Preparation of patient for X-ray examination. Test meals and their removal by complete and fractional method. Special dietary measures in gastric and intestinal diseases. Case reports.

XI. Diseases of the Intestine.

The Diarrheas. Ulcers of the Intestine. Constipation. Colitis. Appendicitis. Peritonitis. Rectal fissure. Hemorrhoids. Carcinoma.

XII. Clinic on Diseases of Gastro-intestinal Tract.

XIII. (Continuation of XI.) Typhoid Fever and Paratyphoid.

XIV. Discussion of General Nursing Measures Required in Above Conditions.

XV. Diseases of Liver.

Ducts, Gall Bladder, Pancreas. Jaundice. Cholangitis. Cholecystitis. Cholelithiasis. Abscess. Cirrhosis and Carcinoma of Liver. Pancreatic Insufficiency. Hemorrhage. Pancreatitis.

XVI. Clinic on Diseases of Liver and Related Organs.

XVII. Diseases of Urinary System.

Malformation of Kidneys. Hydronephrosis. Pyelitis. Nephrolithiasis. Tuberculosis.

XVIII. General Nursing Measures Required in Above Conditions.

Examination of stools for stones. Duodenal drainage, emergency treatment of gall bladder colic. Tests of kidney function.

XIX. (Continuation of XVIII).

Nephritis, acute and chronic. Uraemia. Cystitis. Carcinoma.

XX. *General Nursing Measures Required in Above Conditions.*

Special care of the uraemic patient. Case reports.

XXI. *Diseases of Metabolism and Deficiency Diseases.*XXII. *Diabetes Mellitus.*

General nursing care required in above diseases.

Glucose tolerance tests. Special dietary treatment. Use of Insulin in diabetes mellitus.

XXIII. (Continuation of XXI). *Diabetes Insipidus.*

Gout. Rachitis. Beri-beri. Scurvy. Pellagra. Xerophthalmia.

XXIV. *Clinic on Diseases of Metabolism.*XXV. *Diseases of Endocrine Glands.*

The adrenals, Addison's disease. Pituitary and pineal. Parathyroid. Disturbances of thyroid, myxedema, cretinism. Goitres, hyperthyroidism, exophthalmic goitre.

XXVI. *Clinic and Case Reports on Above Diseases.*XXVII. *Focal Infections.*

Tonsilitis—acute follicular, suppurative, chronic. Teeth. Rheumatism, acute and chronic.

XXVIII. *General Nursing Measures Required in Above Conditions.*

Basal metabolism. Glandular therapy. Special care of joint affections, protection, counter-irritation, heat, light. Tests for sensitivity. Administration of vaccines. Treatment acute attacks asthma, hay fever, urticaria.

XXIX. *Allergic Diseases.*

Anaphylaxis and anaphylactic shock. Sensitization. Bronchial asthma. Hay fever. Urticaria and eczema of childhood.

XXX. *Examination, 1 Hour.*

NOTE.—Practical experience in the general medical wards should be given early to all pupils as it is fundamental to the special branches of nursing.

METHODS OF TEACHING

1. The clinical method of teaching medical diseases is to be preferred wherever it is possi-

ble. Lectures and classes should be illustrated constantly by reference to patients in the wards and nurses quizzed on the cases from their own wards. Case reports on interesting cases may be read in class by pupils and discussed.

2. The anatomy and physiology of each system should be assigned for review before taking up the diseases of each system. This course should be correlated with previous work in bacteriology, hygiene, materia medica, dietetics, etc., as frequently as possible, and frequent quizzes should be given on the medical lectures.

3. In the short time allowed, it will not be possible for nurses to practice the nursing procedures in the classroom. However, each nurse should be given an opportunity as soon as possible to carry out each procedure on the ward.

4. Charting should be emphasized in connection with every lesson and typical charts studied in connection with the different diseases.

EQUIPMENT AND ILLUSTRATIVE MATERIAL

Medical patients on the wards. Laboratory specimens showing diseased organs, fresh animal specimens, charts and diagrams. X-ray plates, lantern slides. Demonstration room equipment.

TEXT AND REFERENCE BOOKS

Group I.—Essential or Strongly Advised.

Emerson—Essentials of Medicine.
Maxwell-Pope—Practical Nursing.
Harmer—Principles and Practice of Nursing.
Rosenau—Preventive Medicine and Hygiene.

Group II.—Recommended for Use of the Teacher and for Wider Reading by Students.

Osler—Practice of Medicine.
Hughes—Practice of Medicine.
Stevens—Practice of Medicine.
Hare—Practical Therapeutics.
Hinsdale—Hydrotherapy.
Baruch—Principles and Practice of Hydrotherapy.

Brunton—Lectures on the Action of Medicines.

See also reference books on Pathology, Materia Medica, Dietetics, etc.

NURSING IN MEDICAL SPECIALTIES¹

WITH EMPHASIS ON COMMUNICABLE DISEASES AND SKIN

Time: 30 hours.

Course: To consist of lectures and classes supplemented by clinics whenever possible. Lectures by physicians and classes by nursing instructor. At least one excursion to a dispensary or a clinic where these cases are admitted and one family visit to give a picture of home conditions.

OBJECTS OF THE COURSE

1. To teach the principles underlying prevention and control of communicable diseases.
2. Through a study of causes and symptoms, a nurse may help in securing an early diagnosis of these cases.
3. To relate more closely the methods of asepsis to general nursing care.
4. To teach the method of handling communicable disease in the home and community.
5. To show the need of education of the public in preventive hygiene.

OUTLINE OF LECTURES AND CLASSES

Unit A—Acute Communicable Diseases

I. Lecture—Introduction to Communicable Diseases.

Classification, prevalence by age groups, susceptibility of individual, modes of transmission. History of communicable disease control and prevention. Public control demonstrated through work of boards of health, state, national, etc.

II. Class—General Principles of Medical Asepsis.

Practical applications in the hospital and community, isolation of patient, care of discharges, methods of disinfection and sterilization.

III. Lecture—Common Colds and Sore Throat.

Review general structure of the body with special attention to mucous membrane of respiratory and alimentary tract, protective function of skin, etc. Prevalence of colds

¹Prepared by the sub-committee on Nursing in Communicable Diseases—Elizabeth Miller, Katherine Densford, Nellie S. Parks (Chairman).

and sore throats and their relation to other diseases. Importance of early recognition of symptoms and isolation of individuals, showing these in the prevention and control of communicable diseases.

IV. Lecture—Diphtheria.

History—relation to other diseases, etiology, source of infection, mode of transmission, incubation period, period of communicability, laboratory diagnosis, symptoms prognosis, complications, sequellae, treatment, the diphtheria carrier, Shick test, immunization with toxin antitoxin.

V. Clinic.

Excursion to a clinic or dispensary where immunization is being done.

VI. Class—Nursing Care of Diphtheria.

Cultures, preparation for administration of antitoxin, intra-muscular, intravenous, care of laryngeal diphtheria and nasal paralysis, preventive methods, quarantine regulations.

VII. Lecture—Scarlet Fever.

Etiology, source of infection, methods of transmission, incubation period, period of communicability, laboratory, diagnosis, symptoms, prognosis, complications, sequellae, treatment. The Dick test, dose of convalescent serum.

VIII. Nursing Care of Scarlet Fever.

Special emphasis on care of mouth, nose, throat, ears—rest in bed, elimination, warmth, bathing, diet, nursing in complications, ear conditions, nephritis, arthritis, etc. Preventive methods, and isolation, sterilization and disinfection Board of Health regulations.

IX. Lecture—Measles and German Measles.

Etiology, period of incubation and communicability, importance of early recognition of symptoms, differential diagnosis, complications sequellae, treatment, use of convalescent serum. Nursing care with special emphasis on skin, eyes, mouth, danger from exposure, isolation, care of discharges, disinfection, quarantine.

X. Lecture—Variola and Varicella.

History, etiology, source of infection, mode of transmission, incubation period, period of

communicability, differential diagnosis, complications, treatment, symptoms, prognosis, methods of control and prophylaxis, vaccination, quarantine regulations, nursing care, isolation, disinfection.

XI. Lecture—Parotitis and Pertussis.

History, etiology, source of infection, method of transmission, period of incubation, period of communicability, symptoms, prognosis, complications, sequelae, treatment, nursing care, special emphasis, on complications of parotitis and personal hygiene and diet of pertussis.

XII. Lecture—Anterior Poliomyelitis, Cerebro-Spinal Meningitis, Encephalitis

History, etiology, source of infection, method of transmission, incubation period, period of communicability, laboratory diagnosis, symptoms, prognosis and treatment, isolation, infection.

XIII. Class—Nursing Care of Above Diseases.

Importance of rest and quiet, hygienic measures, special emphasis on position, support, massage, preparation for the giving of serums, lumbar puncture for diagnosis and treatment, isolation, disinfection.

XIV. Lecture—Tetanus, Anthrax, Rabies, Glanders.

History, etiology, source of infection, mode of transmission, period of incubation, symptoms, prognosis, treatment, Pasteur treatment, antirabic serum, nursing care, isolation. Community responsibility for prevention. Board of Health regulations.

XV. Lecture—Trachoma, Leprosy, Malaria, Hookworm, Other Tropical Diseases.

History, etiology, source of infection, mode of transmission, communicability, symptoms, prognosis, treatments, nursing care. Special emphasis on personal hygiene and public sanitation. Methods of control and prevention.

XVI. Examination.

Unit B—Tuberculosis, 5 Hours

I. Lecture—Tuberculosis.

History, etiology, sources of infection, mode of transmission, incubation, theories of invasion, resistance, immunity, predisposing factors, importance of early diagnosis.

II. Class—Tuberculosis.

Nursing care of tuberculosis patient—observation of symptoms as an aid to diagnosis,

records of temperature and weight, special attention to rest, diet, type of exercise, living conditions, mental attitude, occupational therapy. Care of discharges, importance of developing a hygienic conscience.

III-IV. Lectures—Tuberculosis. (Cont'd).

Types—laboratory diagnosis, Von Pirquet reaction, symptoms, prognosis, complications, treatment. Provisions for control and prevention. Reporting of cases.

V. Class—Tuberculosis. (Cont'd).

Nursing care, preparation for special treatments,—pneumothorax, thoracentesis, care in hemorrhage, heliotherapy. Conditions which would determine whether home care or institutional, instruction of patient and family in prophylactic measures.

Unit C—Venereal Diseases, 5 Hours

I-II. Lectures—Syphilis.

History, etiology, source of infection, mode of transmission, clinical and laboratory, methods of diagnosis, prognosis.

Acquired syphilis—stages:—primary, secondary, tertiary, characteristics of each. Importance of early diagnosis, methods of treatment in various stages, hereditary syphilis, evidences of in child and adult, infective and non-infective lesions.

III. Class—Syphilis.

History, nursing care in acute cases, preparation for Wasserman, Salvarsan: intravenous, intraspinal, mercury injections, inunctions, isolation, disinfection.

IV-V. Lectures—Gonorrhea.

History, etiology, source of infection, mode of transmission, symptoms of acute gonorrhea in male and female, including vaginitis in children and ophthalmia neonatorum. Chronic gonorrhea, prognosis, complications.

VI. Class—Gonorrhea.

Nursing care, isolation, care of discharges, linen, dishes, utensils, etc. Importance of personal hygiene, public health prophylactic measures.

Unit D—Skin Diseases, 3 Hours

I. Lecture—Erysipelas, Impetigo Contagiosum, Pemphigus, Etc.

Infectious and non-infectious skin diseases, etiology, mode of transmission, sites of infection, symptoms, characteristic eruption

of each
tions,
disinfe
bowl,
shops,

II. L

Eczem

Cau

emph

of so

depila

Exam

The

teach

Lec

by il

excur

muni

healt

Pr

Dise

In a

ating

Cl

slide

ture

Gro

C

B

R

gier

Gro

V

R

(F

S

9

He

M

of each of above diseases, toxæmia, complications, treatments, nursing care, isolation and disinfection, prophylaxis, toilet articles, wash bowl, bath tubs, public bath houses, barber shops, etc.

II. *Lecture—Erythema, Urticaria, Psoriasis, Eczema, Acne.*

Causes, symptoms, differential diagnosis, emphasis on personal hygiene, bathing, choice of soaps, danger from use of anti-sudorifics, depilatories, hair dyes, etc.

Examination—1 Hour.

METHODS OF TEACHING

The clinical and case study method of teaching should be used whenever possible.

Lectures and classes should be supplemented by illustrations, references to particular cases, excursions to clinics, health centers, communicable disease hospitals, and board of health laboratories.

Practical experience in Communicable Diseases should be given in the Senior year. In any case it is preferably given after Operating Room service.

ILLUSTRATIVE MATERIAL

Charts and case records, colored plates, slides, preserved specimens, publicity literature, vaccines, serums, antitoxin, etc.

TEXT AND REFERENCE BOOKS

Group I.—Very Desirable or Essential.

Chapin—Sources and Modes of Infection.
Broadhurst—Bacteria in Relation to Man.
Roseneau—Preventive Medicine and Hygiene.

Group II.—Recommended for Use of Teachers and Wider Reading of Students.

Vaughn—Epidemiology and Public Health.
Ker—The Treatment of Infectious Diseases. (Foreign).
Stelwagon—Diseases of the Skin.
Sedgwick—Sanitary Science and Public Health.
Pusey—Dermatology.
Pusey—Syphilis a Modern Problem.
Vedder—Syphilis and Public Health.
Solomon—Syphilis of the Innocent.
White—Care of the Skin.
Harvard Health Talks.
Dock—Hygiene and Morality.
Morrow—Social Diseases and Marriage.

Crowell—Tuberculosis Dispensary.
Newsholme—The Prevention of Tuberculosis.
Brown, Lawrason—Rules for Recovery from Tuberculosis.
LaMotte—The Tuberculosis Nurse.
Otis, E. O.—The Great White Plague.
Krause, Allen—Environment and Resistance.
Krause, Allen—Rest and Other Things.
Webb and Ryder—Recovery Record.
Jacobs, Philip—The Tuberculosis Worker.
Trudeau—Autobiography.
Walters—Open Air Treatment.
Vallery-Ridot—Life of Pasteur.

PAMPHLETS AND JOURNALS OF INTEREST

Publications of the National Health Service, American Hygiene Association, American Social Hygiene Association and Departments of Health—State and City.

"Journal of Outdoor Life."
"Journal of Communicable Diseases."
"Journal of Bacteriology."
"Journal of Pediatrics."
"Journal of Syphilology."

Reprints of this outline may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 5 per cent will be allowed on orders of twenty-five or more.

THE 1926 CALENDAR

The National League of Nursing Education will, according to its custom for the past five years, publish a 1926 Calendar, the content of which will consist of a selection of poems dealing with the Nurse and Nursing. More details of the Calendar will appear in the November issue of the *Journal*.

TOO LATE FOR CLASSIFICATION

The Alabama Board of Examination and Registration will hold an examination in Montgomery, Oct. 21-22; in Mobile, Oct. 22-23; in Birmingham, Oct. 23-24.

All applications and credentials, with photograph, must be filed with the Secretary-Treasurer, at least fifteen days prior to the date set for the examination. Application blanks may be secured from the Secretary-Treasurer, Linna H. Denny, 1808 7th Ave. N., Birmingham, Ala.

Kodak pictures will not be accepted.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

RED CROSS CONVENTION—ST. LOUIS

AS SO many nurses attended the American Red Cross Annual Convention in Washington last year, it became a matter of general nursing interest, especially for those in the eastern and southern states. It is hoped that this year, at St. Louis, Missouri, where it will be held from October 12 (Monday) to 15 (Thursday) inclusive, nurses from the Middle West will surpass the example set by their colleagues of the east and south. There will be several addresses and round tables that will more than justify such attendance. In the five minute speeches by American Red Cross Service directors will be included those by Clara D. Noyes, Director of Nursing Service, newly returned from Helsingfors and a tour of the schools of nursing established by the American Red Cross in various parts of Europe; by Elizabeth Gordon Fox, Director of Public Health Nursing Service; and by Mrs. Isabelle W. Baker, Director, Instruction in Home Hygiene and Care of the Sick.

In addition to the round tables on public health nursing (Tuesday afternoon: 4 p. m.) presided over by Miss Fox, and on home hygiene and care of the sick (Thursday afternoon, 2:15 p. m.), presided over by Mrs. Baker, there will be discussions of various aspects of community nursing in three sets of other round tables. These—where Chapters of the same size, the interests and problems of which are likely to be similar, are grouped together

for the first time for purposes of discussion—are an innovation at American Red Cross annual conventions. Monday and Tuesday afternoons will be devoted to concurrent round tables on both rural and city chapters, Tuesday's consideration being a typical rural program; how can the Red Cross best serve the town and country; and itinerant and part-time services—all closely associated with nursing. In addition to these two sets of round tables carried over to Wednesday afternoon, there will be a round table on that day on large City Chapters, when James L. Fieser, Vice Chairman in charge of Domestic Operations, will preside.

All nurses visiting St. Louis, as well as those in the vicinity, should make a point of seeing the nursing exhibit at the Annual Convention, revealing as it does nursing in the Insular Possessions as well as in the United States. It is in three parts, that pertaining to nursing, to public health nursing and to home hygiene and care of the sick. The story of the nursing service in war and peace, at home and overseas, is told in three attractive, pictorial panels. The public health nursing section includes an interesting miniature model in eight scenes from Houston, Texas, illustrating the busy hours in a public health nurse's crowded day; set-ups from four Pacific Coast Chapters; and several nursing devices from the Philippines, showing the coconut shell fitted to all manner of uses and the importance of the banana

leaf—
are to
Porto
hygien
the fo
by th
Ponce
filled
the p
beaut
ated
section

WI
tion
final
Journ
made
attac
nursi
impo
the
the
But
mon
of t
this
dire
sinc
is s
and
loca
inte
nurs
mee
dem
T
rep
pop
late
bee
sec

leaf—to nurses there, what newspapers are to their colleagues here. From Porto Rico comes part of the home hygiene and care of the sick exhibit in the form of a perfect sick room—set up by the pupils of the Liceo Ponceno, Ponce—complete even to window boxes filled with forget-me-nots and having the pile of small sheets and other linen beautifully hand-hemstitched or decorated with drawn-thread work. Another section of this exhibit shows the United

States pupils not behind the Porto Ricans, with excellently made sick room equipment and substitute equipment admirably worked out by the colored pupils of the Miner Normal School Community Center, Washington, D.C., which was an object of interest at the Capitol's Auditorium, when exhibited during the local Chamber of Commerce's Industrial Exposition of things manufactured and produced in the District of Columbia.

NURSING FIELD REPRESENTATIVES

When the history of the reorganization of the American Red Cross into its final peace-time form was related in the *Journal* last March, announcement was made of the greater importance being attached to the work of an augmented nursing field staff. At the time it was impossible to give a definite list of all the nursing field representatives, with the specific territory covered by them. But in a retrospect view of several months' work, which reveals the wisdom of the policy initiated last February, this may be done for the eastern area, directed from National Headquarters, since that is now complete. Already, it is seen that the coördination of effort and the discussions with leaders in local communities, revealing added interest in the support of public health nursing service, are enabling nurses to meet in a better way the ever-increasing demands.

Today, there is one nursing field representative to each of the large, populous states; and the thickly populated states, such as Pennsylvania, have been divided into two sections, each section linked territorially with a small

state to the advantage of the work in that area.

Alabama, Tennessee, Mississippi and Louisiana. Mrs. Lydia King was transferred south to this area. She had been nursing field representative for New Hampshire and part of Massachusetts.

Connecticut. This state is covered by Margaret Stack, Director of Public Health Nursing, State Department of Health.

Eastern Massachusetts and Rhode Island. Marjorie Stimson, who was formerly engaged in infancy and maternity work in Ohio County, West Virginia, under the state Sheppard-Towner program, is now nursing field representative in this territory.

Eastern Pennsylvania and Delaware. Esther R. Entricken remains here.

Georgia and Florida. Mrs. Charlotte Heilman, whose appointment as nursing field representative in Florida on the completion of work in Santo Domingo was announced last March, has had her territory increased to include Georgia.

Indiana. Mary Scantling, as before.

Kentucky and West Virginia. Following the resignation of Margaret East, who became Director of Public Health Nursing, State Department of Health, Kentucky, this territory was taken over by Katherine Faville, who has been with the Red Cross for over four years, first with a Chapter in Michigan and then in Wheeling, West Virginia.

Maine. Helen Sanderson remains unchanged.

New Jersey. Olive Meyer has been assigned to this territory left vacant by the departure of Myrtle Taylor for National Headquarters to become Assistant to the Director of Public Health Nursing. Miss Meyer was for four years supervisor of nurses and for two years executive secretary of the Hazleton Chapter, Pennsylvania.

New Hampshire. Myrtle Flanders, formerly executive secretary and supervising nurse of the Concord Chapter, New Hampshire, was appointed to fill the vacancy caused by the transfer south of Mrs. Lydia King.

New York. This state was assigned to Matilda Harris, until the beginning of 1924 nursing field representative in Colorado and New Mexico and then Director of Public Health Nursing, New Mexico State Department of Health.

North and South Carolina. Katherine Myers' territory, formerly North Carolina only, has been enlarged to include South Carolina also. Miss Myers had been assistant to Jane Van de Vrede, Director of Nursing of the old Southern Division.

Ohio. Clara Lodwick, as before.

Vermont and Western Massachusetts. Erna Kuhn remains unchanged.

Virginia. Alice Dugger, as before.

Western Pennsylvania and Maryland. Helen Mar Erskine continues to be nursing field representative in this territory.

Special assignments in the southern field will be filled for the National Organization by Jane Van de Vrede, who, after a much needed rest, returned to the American Red Cross on a part-time basis. Miss Van de Vrede has become executive secretary of the Georgia State Nurses' Association, preferring to remain in the South and refusing an invitation—as already announced—to become one of the Assistants to the Vice-Chairman in charge of Domestic Operations at National Headquarters.

UNRETURNED BADGES

A further list is given below of those American Red Cross Nurses whose enrollment has been annulled but whose appointment cards and badges have not been returned. Nurses are reminded that these always remain the property of the Red Cross and must be returned to National Headquarters when enrollment is annulled:

Maurer, Mary Jane; Miller, Sarah Pauline; Miller, Mrs. Harold (nee Winifred A. Burkman); Minkemyer, Mrs. Louise (nee Clyker); Moland, Anna Josephine; Morris, Lola F.; Morrison, Helen; Mowat, Norah Caroline Elenor; Mulcahy, May A.; Mullally, Elizabeth Mary; Nelson, Katherine Eleanor; Nelson, Louise; O'Connell, Anna Teresa; O'Connor, Edith Theresa; O'Flaherty, Emily; O'Hea, Eileen Mary; O'Keefe, Mary Ellen; Petty, Alice; Plummer, Mrs. Leander A. (nee Margaret Theresa McGrath); Raney, Annie Elizabeth; Raney, Mrs. R. V. (nee Stella M. Mingee); Read, Genevieve; Robinson, Mrs. Margaret (nee Eva J. Slack); Rodway, Mrs. William (nee Eva J. Slack); Rogers, Minnie G.; Rudolph, Mrs. Katherine Elizabeth (nee Burke).

Maryland.
es to be
in this

southern
National
e Vrede,
returned
a part-
rede has
of the
ion, pre-
uth and
already
of the
man in
ions at

of those
whose
t whose
ave not
eminded
property
returned
enroll-

Pauline;
A. Burk-
Clyker);
ola F.;
Caroline
, Eliza-
Eleanor;
Teresa;
y, Em-
Mary
Lean-
Grath);
R. V.
evieve;
ckley);
Slack);
Kather-

STUDENT NURSES' PAGE

THE DETROIT FILTRATION PLANT

By IDA SNYDER

The Grace Hospital, Detroit, Michigan

IT IS, indeed, a true statement that a prophet's voice is never heard in his own country. We are so apt to be indifferent to the greatness of the things about us—not only to great people with whom we come in contact, but also to great institutions and works of construction. When our instructor informed the probation class that we were to pay a visit to the Detroit filtration plant, in connection with our course in Hygiene, we were merely anticipating a few precious hours off duty. Little did we realize that we were privileged to inspect the largest filtration plant in the world!

The general design of the plant really consists of three sections: First, the low lift pumping station; second, the coagulation basins, filter-beds, and wash water tanks all in one building, and, third, the filtered water reservoir, which holds the finished product. The entire plant covers an area of seventeen acres, nine of which are covered by the filters and coagulation basins and seven acres by the filtered water reservoir.

The City of Detroit gets its water supply from the Detroit River, which is unusually clean at this point. A ten-foot intake tunnel conveys the water from the middle of the river to the low lift pumping station. This is a brick building, 65 by 175 ft., located between the building containing the filters, et cetera, and the storage reservoir. The water enters the building by force of gravity and runs into seven electrically

operated screens at the end of the building nearest the river. The screens, seven inches wide by twenty-five feet high, cull out all coarse material, such as ice, sea-weeds, coarse debris, et cetera, from the water. From these, the water flows onward into a suction well directly under the floor of the building, where five large pumps with a daily pumping capacity of 465 million gallons deliver it to the mixing chambers of the coagulation basins, against a rise (or "head") of 26 feet.

The water now enters the second building, containing the mixing chambers, coagulation basins, filter beds, et cetera. It goes to the mixing chamber where alum automatically mixes with the water and forms a "curd" or coagulum when it unites with the material in the water. This coagulation process goes on in an enormous coagulation basin, divided into two parts, covering a space, 480 by 525 feet, with a total capacity of 30 million gallons. To an onlooker, it resembles two beautiful swimming tanks, much longer, of course, than those usually seen. The water flows at a low rate of speed a distance equal to twice the length of the basin. It remains in the basin for three and one-half hours, unless the city supply is low and speed is necessary. Here fully 60 per cent. of the bacteria and sediment is deposited, remaining 40 per cent. being filtered in the next course; viz., the filter beds.

The coagulated water enters a

coagulated water conduit, from which it flows into each of the conduits feeding a double tier of eight filter beds. Each filter gallery contains sixteen sand beds, making a total of eighty filter beds in all, a marvelous sight! Each bed is one-fortieth of an acre and has a filtering capacity of 4,000,000 gallons daily. The filtering medium consists of 17 inches of gravel, varying in size from 2 inches at the bottom to $\frac{1}{8}$ inch at the top, and 24 inches of sand. The entrance of the water to each of the filter beds is controlled from an operating table placed opposite each bed and directly above the pipe gallery which separates each two rows of filter beds. After a time a thin coating forms over the sand beds which is very desirable as it is the *real* filtering medium. When the coat becomes too thick to allow free downward passage of the water, the bed is flushed out by forcing water from the bottom of the bed upward. The water reaches the top of the bed and falls away into a series of gutters, washing the coating from the top of the sand beds away.

The filtered water is now a beautiful clear, sparkling liquid, samples of which are found on each operating table; but it may still harbor some bacteria. It is now treated with chlorine gas before it enters the reservoir. A large jar, resembling a bell jar, containing a vacuum tube and pipe with valve, is placed upon a cabinet through which the chlorine gas passes. Approximately one pound of chlorine gas is needed to purify 1,000,000 gallons of water, so strong an agent is the gas. The water is now almost pure and is absolutely safe.

It next enters the storage reservoir

which has a capacity of 37,000,000 gallons.

Here are some interesting facts about the Detroit Filtration Plant:

(1) Maximum amount of water consumed daily, 244,658,000 gallons; minimum amount of water consumed daily, 140,002,500 gallons; average amount of water consumed daily, 183,974,000 gallons. (These figures are for the year, July, 1923 to June, 1924.)

(2) There is approximately 50,000,000 gallons increase between July and September.

(3) The water in the reservoir has a depth of 16 feet in the morning, but gradually diminishes to 10 feet in the afternoon.

(4) An average amount of 17,000 pounds of alum is used daily for the coagulation process.

(5) The coagulation basins are thoroughly "flushed out" every six months.

(6) There is a six foot precipitate in the coagulation basin at the end of six months.

PUBLIC HEALTH NURSING IN ENGLAND

The College of Nursing, Ltd., of London, England, has taken a long step toward their ideal of a university diploma in public health for nurses. A course has been established which aims at giving emphasis to sanitary law, hygiene, public health, social problems, and other subjects not included in the hospital training. Definite instruction on educational method and practice classes for health teaching will be arranged. Time will be allowed for individual study and wide reading. Most of the lectures will be taken in connection with Bedford College, but the lecture halls and demonstration rooms of the new building of the College of Nursing will be used and its library freely drawn upon. Further information may be obtained from the Education Officer, College of Nursing, Ltd., 7 Henrietta St., Cavendish Square, London, England.

Th
exceed
"NEV
SO
D
Ameri
Miss C
inspec
with
my ab
writin
knowl
a pap
was I
on th
this I
a pap
to be
myself
Assist
would
Miss
Comm
Educa
tion
was
Mrs.
in thi
to pr
inspec
Engli
not a
our in
tion
any c
discu
I am
not v
absen
I wa
infer
win's
conce
so sh
work
that
sisten
previ
of T

Sec

7,000,000

cts about

ater con-
ns; mini-
ed daily,
mount of
8,974,006
for the
)
50,000,-
July and

oir has a
ing, but
t in the

17,000
for the

are thor-
months.
pitate in
d of six

IN

London,
ard their
lic health
established
tary law,
rms, and
hospital
educational
teaching
owed for
Most of
ion with
alls and
ilding of
and its
informa-
ducation
Henrietta
and.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

"NEW YORK STATE INSPECTION OF SCHOOLS OUTSIDE THE STATE"

DEAR EDITOR: We are in receipt of a copy of the August number of the *American Journal of Nursing* which contains Miss Gladwin's report on the New York State inspections. I have read the first paragraph with considerable interest and in order that my absence may not be misinterpreted, I am writing to say that this Department had no knowledge that Miss Gladwin was to present a paper on New York State Inspections nor was I asked to make a speech or write a paper on the subject. You may be assured that if this Department had had any intimation that a paper on New York State inspections was to be presented in Minneapolis, that not only myself but Dr. Augustus S. Downing, the Assistant Commissioner for Higher Education, would have been present. I was asked by Miss English, the Chairman of the Program Committee of the National League of Nursing Education, to prepare a paper on the inspection of schools of nursing, the paper which was afterward prepared and presented by Mrs. Scott, but owing to the pressure of work in this Department it was not possible for me to prepare such a paper or to ask one of the inspectors to do so. I therefore wrote Miss English to the effect that although we were not able to contribute to the program, one of our inspectors would be present at the convention and would be very glad indeed to answer any questions and to take part in a general discussion on inspection of schools of nursing. I am writing you for the reason that I do not wish any misinterpretation placed on my absence from Minneapolis, as the reason why I was not present is not that which was inferred in the first paragraph of Miss Gladwin's report. As far as the report itself is concerned, it is so manifestly unfair and falls so short of stating the full facts relative to the work which is being done by this Department, that its publication would seem to be inconsistent with the general policy, as we have previously understood it, of the editorial staff of *The American Journal of Nursing*.

ALICE SHEPARD GILMAN,

Secretary State Board of Nurse Examiners.

ANNE H. STRONG—A FURTHER TRIBUTE

DEAR EDITOR: Above all else, I shall always remember Miss Strong for her magnificent courage. It was my privilege, several years ago, to become closely associated with her in surveys and other educational work. Rarely did I see her when she was not in physical distress, when her ills were not trying the frail body of her, and never did I see her admit the supremacy of pain. Through it twinkled her rare humor; through it shone her gallant spirit. It did not interrupt the day's work nor did it lessen the burning desire to give only her best to the task at hand. The sportsmanship of her, the indomitable courage, the spirit that could defy a flash of pain with a chuckle—the memory of these things abides with us at once as an inspiration and a benediction.

New York

JANET M. GEISTER.

THE JOURNAL IN A CALIFORNIA SCHOOL

DEAR EDITOR: Last year I inaugurated in this school the use of the *Journal* as a textbook by our students. I made it compulsory for each student to subscribe when she has finished her preliminary period and is accepted into the school. * * * We have student body assembly once a month and discuss the issue from cover to cover. Special topics are used as references in the various classes. I find the Juniors as much interested as the Seniors, and I feel that by the time they have had twenty-four lessons on the *Journal* they have a fair knowledge of what is going on in the nursing world.

G. T. M.

DEAR EDITOR: In the September number of the *Journal* an article by Halsey DeWolfe was published wherein he invited nurses to reply.

Of the three groups involved (in a so-called controversy), the hospital authorities, doctors and nurses, the private duty nurse is in closer proximity with the public. The public does not expect everything from a nurse, as the altruism of the profession they understand, and the nurses know. I have yet to meet a

patient who showed any hesitancy in compensating a nurse, as fifty cents per hour is meagre, considering the cost of living and the time lost between cases. Moreover, the patients I have taken care of think twelve hours is too long for any one to work. The progress made by the nursing profession is phenomenal, and in its modest way is of no little importance. It has contributed toward the advance of medical science, and hospitals could not carry on without nurses, not forgetting the service rendered during the world war, or those who gave their lives in the great struggle. We, on the threshold of a later day, join in honoring the nurse of the earlier day, while we secretly pity her life of slavery, her experiences illustrate that physical exhaustion was the result of the old schedule. It slowly but surely meant the impairment of health or an early grave so I ask in the name of justice, Who has a right to limit the usefulness of any nurse to ten years? Why should one class of people expect another class to sacrifice their lives? On the long lonesome nights when the earlier nurse sat in a chair or relaxed on an old-fashioned carpet couch, which the family smilingly told her they knew she was used to sleeping on, or perhaps piling wood on the fire to keep warm, do you not think her heart was rebelling? The last medicine administered, when she bade good night to the patient an occasional tear would fall. She was longing for home, so tired and discouraged, no one cared, she was only a nurse and hers was a hard, hard life; the Doctor expected it. That day has passed forever.

"Like leaves on trees the race of man is found. Now green in youth, now withering on the ground. Another race the following spring supplies. They fall successive and successive rise."—(Pope).

The hours a nurse works mean but little when a human life is hanging in the balance, this will always hold true. Ours is an unusual calling, involving long hours of suspense, hazardous all kinds of complications and diseases. In these days of health insurance the public should be able to meet emergencies. There is no need for the Hospital, Doctors or Nurses to sacrifice to any great extent. Those who have not employed a nurse cannot be expected to judge. He who has needed nursing care

knows and appreciates the services of a nurse, only a rare exception is the nurse who has not left a lasting impression. I recall part of a statement by the late Colonel Roosevelt on leaving a New York hospital, "that most of us until forced into a place like this never give a thought to the women who sacrifice so much to serve."

The private duty nurse only expects a square deal from the public and the doctors. I honestly think that is the consensus of opinion. She expects the coöperation of the medical profession whom she so willingly serves. The nursing problem is not an easy one to solve, but it should be left to the private duty nurse. We have over one hundred thousand nurses in this country, surely they ought to be able to cope with the situation, and the agitation and propaganda aimed at the nursing profession should be stopped. Not until this is done can the existing chaos be overcome and the welfare of the public be properly conducted.

(Signed) EVA PAGE DALEY, R.N.

DEAR EDITOR: In your August number of the *Journal*, I was much interested in the letter from the nurse who wanted a post-graduate course. She's on the right track. We old back numbers and especially we who are so isolated need and want to see the modern appliances, treatments, etc., but we don't need so much scrubbing and routine work. We need sympathetic understanding and help; not to be chucked off on some routine work to fill in while pupils are off on vacation or at class. It takes lots of money to come way up here to the enlightened zone and I hope the time will come when post-graduate classes in practice and theoretical work and observation of procedure will be available to "such as we," also that an executive course be put in each of the larger hospitals.

Thanking you for the helpful articles in the *Journal*.

(Signed) BERTHA McELDERRY.

JOURNALS ON HAND

Miss C. F. Vail, 65 University Place, New York, has copies of the *Journal* for 1921, 1922, 1923 and 1924 which she will gladly pass along to anyone who would care for them.

Laura A. Conley, 56 Barber Ave., Willoughby, Ohio, has copies of the *Journal* for 1923, except February, September and December, which she will be glad to forward to anyone wishing them.

JOURNALS WANTED

Mary E. Robinson, The Long Island College Hospital, Brooklyn, N. Y., wishes to purchase

the following numbers of the *Journal*: 1901—January, March through May, July, October through December; 1903—January, February, October through December; 1904—March, April, June through September; 1905—January through March, May through December; 1906—January through April, July; 1908—February, December; 1918—January through March, August, December.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

10. (Repeated). Could you tell me where I could find any information regarding the use of music in the medical or nursing professions?

Answer. I am much interested in Question 10. We are very much interested in the therapeutic value of music. We have a very interesting package library on this subject which not only discusses the therapeutic value of music in general, but also its application to nervous and mental cases. We should be glad to send the package library for a period of three weeks. Probably the inquirer might also be interested in our package library on Radio in Hospitals, which deals largely with the use of radio as a means of recreation for hospital patients. The articles contained in this package library also refer to the music which is received by means of the radio.

DONELDA R. HAMLIN,

Director, Hospital Library and Service Bureau,
22 East Ontario St., Chicago.

12. I read with interest the article on Poliomyelitis. What effect does this disease

in childhood have on the mental development in later years? Does it mean that a child left with slight deformity and limp in one foot would necessarily be stunted mentally? How does it affect them in later life from a moral standpoint? Are children whose father or mother have had the disease more susceptible than other children?

G. F.

Answer. There is no evidence that the child's subsequent mental or moral development is in any way affected by the disease. Mental reactions resulting from crippling from any cause will vary with the individual's attitude or philosophy of life. Although an inferiority complex under an unfavorable environment may develop, there are many notable instances of remarkable attainment among the handicapped. Much may be done to help such children develop into useful, happy members of society by individual direction, careful suggestion, wise stimulation and suitable education.

A child whose parent has had poliomyelitis is probably less liable to develop the disease.

CHARLOTTE JOHNSON.

UNITED STATES CIVIL SERVICE EXAMINATION

Applications for graduate nurse and graduate nurse (visiting duty) will be rated as received until December 30, 1925. The examinations are to fill vacancies in the United States Veterans' Bureau and in the Indian and Public Health Services.

The usual entrance salaries for these positions are \$1,500 a year with quarters, heat, and light, in the Indian Service; \$1,020 a year with quarters, subsistence, and laundry, in the

Public Health Service; and \$1,680 a year in the Veterans' Bureau.

Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience.

Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil service examiners at the post office or custom house in any city.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

Mary B. Eyre, a recent distinguished visitor at Headquarters, has just been appointed Assistant Professor of Hygiene at Pomona College, Pomona, Calif. She will teach psychology and develop courses in hygiene. Miss Eyre states this does not mean she has severed her connection with the nursing profession, but believes her new position will enable her to direct young women interested in entering the nursing profession. She has recently secured an M.A. degree in psychology from Leland Stanford University. She is a graduate of the St. Luke's School for Nurses in Denver, Colo.

Nine states in the American Nurses' Association have now joined the vanguard having state headquarters, and a tenth, Pennsylvania, has under consideration, for this Fall, the establishment of a headquarters and the appointment of a full-time secretary. The states on this honor roll are California, Indiana, Illinois, Maryland, Minnesota, New Jersey, Oregon, Ohio and Texas. Six of these, Indiana, Illinois, Minnesota, New Jersey, Ohio and Texas have full-time secretaries, and Maryland has a part-time secretary.

In Indiana, Minnesota, and Texas, the salary of the secretary is paid by the state board of examiners and by the state association; in the other states full support is contributed by the state. Forty-eight state headquarters with executive secretaries will be a reality within a few years. It will be a great day for nurses.

Mention should be made here that the First District Association of the Illinois State Nurses' Association maintains a Headquarters with a full-time secretary.

Preparatory to the election of officers of the American Nurses' Association, which will be held next May at the biennial convention at Atlantic City, nominating blanks have been mailed to every member association. After the states have decided on their nominees the blanks will be returned to the chairman of the nominating committee; January 1, 1926, being the final date for their return.

Any state association which, through an error, has not received a blank, is asked to

communicate through its secretary with Agnes W. Reid, 1710 Vine St., La Crosse, Wis., so that a nominating blank may be sent.

Work is well under way for the 1926 edition of A List of Schools of Nursing Accredited by the State Boards of Nurse Examiners. Letters have been sent to the secretaries of all state boards of examiners requesting up-to-date data on the accredited schools of the states, and on the receipt of this information, questionnaires will be mailed to approximately 1,800 schools of nursing in the country. Fifty thousand copies of the 1926 edition of the accredited list will be available in the Spring.

NURSES' RELIEF FUND

REPORT FOR AUGUST, 1925

Balance on hand, July 31, 1925--	\$20,873.14
Interest on bonds -----	45.00
Interest on bank balance -----	12.87

Receipts

California: Dist. 5, Los Angeles County, \$7; Dist. 9, San Francisco County, \$5; Dist. 10, San Joaquin County, \$3; Dist. 12, Santa Clara County, \$42; Dist. 18, Long Beach County, \$192--	249.00
Kentucky: State Association of Registered Nurses -----	100.00
Michigan: Dist. 8 -----	7.00
Minnesota: Dist. 3, University of Minnesota School of Nursing Alumnae, \$25; Asbury Alumnae Association, \$1; Dist. 4, Bethesda Hospital Alumnae, \$42; St. Paul's Hospital Alumnae, \$56; St. Luke's Hospital Alumnae \$5-----	129.00
Missouri: St. Joseph's Hospital Alumnae, Kansas City -----	100.00
New York: Dist. 4, Crouse Irving Hospital Alumnae, \$50; Dist. 5, Ithaca City Hospital Graduate Nurses' Association, \$65; Binghamton City Hospital Alumnae, \$20; Ithaca City Hospital Alumnae, \$25; Johnson City General Hospital Alumnae, \$30; Binghamton State Hospital Alumnae, \$10; individual members, \$2-----	202.00

Ohio: Dist. 3, \$94; Dist. 8, \$75;	
Christ Hospital Alumnae, \$25;	
Mercy Hospital Alumnae, \$25;	
Jewish Hospital Alumnae, \$25;	
General Hospital Alumnae, \$25;	
Dist. 9, Toledo Hospital Alumnae, \$25	294.00
Oklahoma: State Nurses' Association	35.00
Tennessee: Nashville Dist., \$111;	
Knoxville Dis., \$124; Chattanooga Dist., \$97	332.00
Washington: Dist. 7, \$12	12.00
Total receipts	\$22,391.01

Disbursements

Paid to 77 applicants	\$1,145.00
Exchange on checks	.50
Interest on American Nurses' Association Relief Fund Savings Account left in that account	12.87
Total disbursements	1,158.37
Balance on hand, August 31, 1925	\$21,232.64
Invested funds	83,531.14
Balance in American Nurses' Association Nurses' Relief Fund Savings Account	5,063.18
	\$109,826.96

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. Requests for leaflets should be sent to the Director at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, chairman, 317 W. 45th St., New York, N. Y.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND

No contributions have been received since the last report.

THE McISAAC LOAN FUND

REPORT TO SEPTEMBER 9, 1925

August 11. Balance	\$241.79
Return payment on loan	200.00
	\$441.79

MARY M. RIDDLE, *Treasurer*

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19, West Main Street, Rochester, N. Y.

ARMY NURSE CORPS

During the month of August, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Mildred L. Sargent, 2nd Lieut. Andy Aason; to Fitzsimons General Hospital, Denver Colorado, 2nd Lieut. Sara I. Stevenson; to Letterman General Hospital, San Francisco, California, 2nd Lieut. Edith M. Fahlman; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Mary S. Emery, 2nd Lieut. Anna L. Barry; to Philippine Department, 2nd Lieut. Karoline E. Nilson, 2nd Lieut. Mary M. Merrick.

Twenty-one nurses have been admitted to the Corps.

The following named, previously reported as separated from the service, have been reassigned with stations as indicated: To Fitzsimons General Hospital, Denver, Colo., Marie Blazicek, Alda M. Gage; to Letterman General Hospital, San Francisco, Calif., Edith C. Baldwin.

Orders have been issued for the separation from the service of the following named: 2nd Lieuts. Eleanor Narrett, Eva J. Bergren, Ella E. Bilby, Susie A. Carr, Annette Florman, Evelyn Ghent, Faye Hicks, Annie M. Howell, Edith W. Johnson, Vera Kilborn, Elsie E. McCowan, Annabelle O'Hara, Carolyn Peart, Winifred T. Peterson, Sophia Stasch, Rose J. Thiel, Madeline Woodruff.

The following have returned to the Walter Reed General Hospital having completed courses of instruction in the Department of Nursing Education at Teachers' College,

Columbia University: 1st Lieut. Julia O. Flikke, 1st Lieut. Maud C. Davison, the summer session, and 1st Lieut. Ruth Taylor, the summer session and also the full academic year, 1st Lieut. Mary W. Tobin will begin her course at the beginning of the term in September.

ARMY SCHOOL OF NURSING

On October 1, 1925, a class of sixty students will be admitted.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,
Dean, Army School of Nursing.*

NAVY NURSE CORPS

During the month of August three nurses were appointed and assigned to duty.

Transfers: To Annapolis, Md., Irene Robertson, Genevieve F. Mamel; to Canacao, P. I., Mary A. Kief; Laura A. Roburds; to Chelsea, Mass., Roberta M. Page, Josephine Rugg; to Guam, Margaret E. Beal, Joanna Ferris; to League Island, Pa., Mary P. Young; to New London, Conn., Dispensary, Submarine Base, Louise Cook; to Newport, R. I., Helen M. Buntz, Frances S. Denk, Elizabeth H. Smith, Norah Kelleher; to New York, N. Y., Madge Solomon, Marie Karlen, Mabel T. Cooper, Chief Nurse; to Norfolk, Va., Emily M. Smaling, Chief Nurse; Laura M. Nygren; to Norfolk, Va., Pharmacist's Mates School, Mary E. Moore; to Parris Island, S. C., Mary Moffett, Chief Nurse, Edmonia T. Burch, Gladys I. Johnson; to Pearl Harbor, T. H., Isabel M. Leininger; to U. S. S. Mercy, Delyla G. Thorne, Chief Nurse, Grace B. Lally, Polly E. Frost, Janet C. McAdie, Daisy M. Mapes, Edna M. Nowland; to Washington, D. C., Ada E. Griffiths.

The following named nurses are taking a course in Laboratory Technique at the Naval Medical School, Washington, D. C.: Sarah Almond, Chief Nurse, Ruth E. Cleaver, Pearl V. Hoyle.

The following named nurses are taking a course in Dietetics at Miss Farmer's School of Cookery, Boston, Mass.: Elizabeth S. Hopkins, Chief Nurse, Mary Peoples, Anna G. Keating, Grace Sanner, Mary D. Walton, Agnes B. Cameron, Mary H. King.

Honorable Discharge: Clara C. Gay, Anne

Gemkow, Charlotte E. Millett, Marion McKay.

Resignations: Eula A. Martin, Maude S. Rogers, Olive M. Royce, LaVerne Todd.

J. BEATRICE BOWMAN,

Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

The following transfers, reinstatements and assignments have been made in the U. S. Public Health Service during the month of August:

Transfers: Edith Dyson, to Baltimore, Md.; Lila J. Porter, to Chicago, Ill.; Theo Williamson, to Pittsburgh, Pa.; Lonie Taylor, to Key West, Fla.; Anna Kollander, to Ellis Island, N. Y.; Betty Smith, to Louisville, Ky.

Reinstatements: Monelta Berles, Mary Carey, Florence Knox.

New Assignments: Seventeen.

LUCY MINNIGERODE,

Superintendent of Nurses, U.S.P.H.S.

UNITED STATES VETERANS' BUREAU

Assignments during August: 64.

Assignments to Field Service: 1.

Transfers: To Maywood, Ill., Marie Davis; to Oteen, N. C., Catherine Quinn; to Philadelphia, Pa., Mary A. Bastert, Adelaide Curley, Christine Maghrand; to Palo Alto, Calif., Alice B. Tozier, Hannah Halliday, Lillie Harrison; to Baltimore, Md., Grace Brumbaugh; to Bronx, N. Y., Arthur Tillinghast, Myrtle Gillies; to Ft. Bayard, N. M., Marie E. Krische, Martha Pace, Margaret McInnis; to Minneapolis, Minn., Lucille Edwards; to N. Little Rock, Ark., Ruth J. Beckman, Verna M. Ferguson; to Tupper Lake, N. Y., Sallie Whitmarsh; to Walla Walla, Wash., Iona England, Mary Weir; to Fort Lyon, Colo., Vera Hartford, Harriet L. George, Zilpha Head, Lois Elmore; to Aspinwall, Pa., Mabel Philson, Emma Sedahl, Lena G. Townsend; to Tucson, Ariz., Nellie Cook; to Perry Pt., Md., Ruth E. Young; to Atlanta, Ga., Matilda McCurdy; to Rutland, Mass., Mary Norman; to New Haven, Conn., Kathryn Keane; to Tacoma, Wash., Dorothy E. Nation; to Washington, D. C., Marjorie Shierburn.

AMERICAN PROTESTANT HOSPITAL ASSOCIATION

The fifth annual convention will be held in the Seelback Hotel, Louisville, Ky., October 17-19. The program outline follows:

Marion Mc-

Maude S.
Todd.

W. MAN,
se Corps.

RVICE

ements and
U. S. Pub-
of August:
Baltimore,
Ill.; Theo
nie Taylor,
r, to Ellis
ville, Ky.
es, Mary

ERODE,
U.S.P.H.S.
BUREAU

ie Davis;
to Phila-
Curley,
o, Calif.,
llie Hari-
ough; to
rlyte Gil-
Krische,
Minne-
N. Little
erna M.
ie Whit-
England,
ra Hart-
Lois El-
Emma
n, Ariz.,
Ruth E.
Curdy;
to New
Tacoma,
hington,

PITAL

held in
October

SATURDAY, OCTOBER 17—9:45 A. M.

Devotions, Rev. John L. Fort, DD., Louis-ville; Address of Welcome, Hon. Hustin Quin, Mayor of Louisville; Response, H. F. Vermillion, El Paso, Texas; President's ad-dress, Dr. Newton E. Davis, Chicago; "The Best Method of Relating a Denominational Hospital to the Organized Life of the De-nomination," E. E. King, Dallas, Texas; "Selling Hospital Service with Attractive Pub-licity," Dr. J. H. Bauernfeind, Chicago; Round Table, conducted by Dr. C. S. Woods, Cleveland.

BUSINESS—2 P. M.

"Recent Observations in the European Hos-pital Problem," Willard C. Stoner, M. D., Cleveland, Ohio; "The Organization and De-velopment of Pathological Laboratories as Related to Standardization," R. S. Austin, M. D., Cincinnati, Ohio; "What Shall Be Our Future Educational Policy Regarding Nurses Entering Training and the Grading of Schools by the State?" Cornelia D. Erskine, Super-intendent of Nurses, Louisville City Hospital; "The Usual Problem which Confronts Every Hospital," Louise Renier, Director of Social Service, Woman's Hospital, New York City; "Recruiting and Conserving Pupil Nurses through the Church," Albert G. Hahn, Evans-ville, Ind.

BANQUET—6 P. M.

"The Hospital Smile," Seelback Hotel. Speakers: "All Healing is Divine Healing," Dr. C. C. Jarrell, Atlanta; "Denominational Responsibility for Standardization," Dr. Mal-corm MacEachern, Chicago. 8 p. m., "Why the Protestant Hospital Has a Definite Place in the Hospital Field," Eugene B. Elder, M. D., Atlanta, Ga.; A Popular Illustrated Lecture on X-Ray Valuations, Dr. James T. Case, Battle Creek, Mich.

SUNDAY, OCTOBER 18—7:30 P. M.

Popular meeting, Trinity Methodist Epis-copal Church. "The Hospital and the Pro-gram of the Church," Bishop Charles L. Mead.

MONDAY, OCTOBER 19—9:30 A. M.

Devotions; "The Practice of Ethical Science in Hospital Relations," Thomas A. Hyde, D.D., Jersey City, N. J.; "The Recent Work of Ad-vancement in Nursing Education"; the Re-

sponsibility of Department Supervisors," L. M. Riley, D.D., Wesley Hospital, Wichita, Kas.; "The Beginning and Development of Deaconess Hospital Work and Passavant Hos-pitals in America," Sister Martha Pretzlaff, Pittsburgh, Pa. Business Session, 2 p. m. "Minimum Size and Relative Organization with Amount of Charity Permissible in a Self-sustaining Hospital," Emily Loveridge, Port-land, Oregon; "Denominational Control and Interdenominational Cooperation," Edward F. Ritter, D.D., Robinwood Hospital Toledo, Ohio; Round Table, led by Robert Jolly, Houston, Texas.

THE AMERICAN HOSPITAL ASSOCIATION

The twenty-seventh annual conference will be held in the Armory, Louisville Ky., Oc-tober 19-23, 1928.

The program is outlined as follows:

MONDAY, OCTOBER 19. 9 a. m., Registra-tion. 2:30 to 4 p. m., round table conference with the following topics and speakers: The Status of the Hospital Pharmacist, Irwin A. Becker, Chicago; Hospital Charges to Mem-bers of Staff and Personnel, George W. Wil-son, Erie, Pa.; Reception of Patients in a Hos-pital, Ingersoll Bowditch, Sharon, Mass.; The Value of a Field Secretary to the American Hospital Association, I. W. J. McClain, Utica, N. Y.; The Advantage of Life Membership, F. E. McGinty, M. D., Mt. Pocono, Pa.; Stand-ards for Membership, Charles A. Drew, M.D., Worcester, Mass.; Additional Services that the Association can Render to the Hospitals of the Country, John M. Cratty, Elizabeth, N. J.; What Members Can Do to Further the Interests of the Association, George B. Land-ers, Rochester, N. Y.; Practicability of Train-ing Male Nurses, George D. O'Hanlon, M.D., New York; What Should Constitute a Medical and Surgical Library?; Is It Economically Sound to Charge the Cost of Education to the Poor?; Should Applicants to Medical Schools be Required to Take a Physical Examination?; How Can We Eliminate Static from Operat-ing Room to Avoid Accidents? 2-4 p. m., Out-Patient Section. Report of the Out-Patient Committee; The Relation of the Out-Patient Department to Community Health, John Os-borne Polac, M.D., Brooklyn, N. Y., and Sher-man Conrad, New Orleans, La. 8 p. m.,

of \$5 a month until a maximum of \$150 a month is reached. The entrance salary for male nurses (psychiatric) is \$140 a month, with promotion at the end of each year of service of \$5 a month until a maximum of \$155 a month is reached. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil-service examiners at the post office or custom house in any city.

Alabama: THE ALABAMA STATE NURSES' ASSOCIATION will hold its annual meeting on October 20, in Selma.

Arizona: EXAMINATIONS FOR THE REGISTRATION OF NURSES in the state of Arizona will be held in Phoenix, Friday and Saturday, October 30 and 31, 1925. Catherine Reagin, Secretary. **Phoenix.**—A NURSES' CLUB HOUSE has recently been completed, containing fifteen bed rooms, a recreation room, and a laundry. Although it is a private enterprise of Mrs. Haze Burch, the nurses of the District and the State are giving it their enthusiastic endorsement. It is hoped that nurses who are travelling through Arizona may be glad to make use of it.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its annual meeting in El Dorado, October 15, 16 and 17.

California: Los Angeles.—Anne A. Williams, Director of Nursing of the California Lutheran Hospital for eighteen years, has been placed on the retired list. She occupies a unique position in California for length of service. In recognition of her work she has been granted a year's leave of absence during which she retains her title after which time she will become director of the Social Service Department. (From *Western Hospital and Nurses' Review*.)

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for the registration of nurses in Washington, on November 3 and 4. Application blanks must be in not later than October 24 and may be obtained of the Secretary-treasurer, Alice M. Prentiss, 1337 K. Street, N.W., Washington.

Georgia: THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold examinations, November 5 and 6. Applications should

be made to the Secretary, Jane Van De Vrede, 688 Highland Ave., Atlanta. THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will hold its eighteenth annual convention in Augusta, November 23-25.

Illinois: THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Springfield, October 13-15, with headquarters at the Leland Hotel. Meetings will be held in the Continental Building. *Monday, October 12,* Meeting of Directors, and dinner. *Tuesday, October 13,* Registration. Opening addresses. Message from Michigan, Emilie G. Sargent. President's address. Reports of officers. Address by Dr. Eva M. Wilson. Private Duty Section, 2 p. m., Rose Wood, chairman. Papers and addresses by Dr. Robert A. Black, Alice Markland, Alma M. Axelsson, Elizabeth Cameron, Clara Weiler, Laura Jane Kerr, Mabel Shields. Private duty round table. Social evening. *Wednesday, October 14,* Public Health Section, 9 a. m., Mabel McClenehan, chairman. Demonstration of first-aid work. Addresses by Lea D. Taylor, Lillian Bonesteel. League of Nursing Education, 2 p. m., Evelyn Wood, chairman. Round table conducted by Ada B. McCleery, paper by Laura R. Logan. Auto trip to home of Abraham Lincoln. 7:00 p. m., Banquet. *Thursday, October 15,* 9:00 a. m., addresses by Evelyn Wood, Dr. Henry C. Sweeney. Report of International Council by Minnie H. Ahrens. Addresses by Elmer Lynn Williams, Mrs. Armina Swayze Farrar, Marion Campbell. 1:30 p. m., Final business.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will meet October 1, 2 and 3 in Fort Wayne. **Fort Wayne.**—THE FIRST DISTRICT ASSOCIATION held its regular meeting at the St. Joseph's Hospital, September 12, with an attendance of seventy-five. Dr. Maurice R. Lohman gave an interesting address on The Relation Between Doctor and Nurse. A private duty section is being organized in First District. The annual meeting will be held in Ft. Wayne with a noon luncheon at Wolf and Dessauer's, November 14. After the business meeting, members were invited to the Nurses' Home to enjoy a social hour. A luncheon was served by the St. Joseph's Alumnae.

Iowa: THE IOWA STATE NURSES' ASSOCIATION will meet in Davenport, October 20-23.

Clinton.—THE SIXTH DISTRICT ASSOCIATION held a meeting at Mercy Hospital, July 23. Plans were made for the state convention. Doctor Lamb, of Davenport, gave an interesting talk on the Treatment of Diabetes with Insulin and Diet. A program of music was given by the pupil nurses. **Davenport.**—Sallie Miller, of Bismarck, has taken a position with the Davenport Visiting Nurse Association. An excursion on the steamer, "Capitol," was given by the Alumnae of St. Luke's Hospitals, the proceeds to be used for the State convention. Seventy-two dollars were realized.

Kansas: THE KANSAS STATE NURSES' ASSOCIATION will hold its annual meeting in Topeka, October 8-10, with headquarters at the Hotel Kansan. *Thursday, October 8*—10 a. m., Board of Directors. 2 p. m., Advisory Council. 6:30 p. m., Banquet. 8 p. m., Opening session with greetings and responses, introduction of guests. *Friday, October 9*—9 a. m., General business session. 1 p. m., Meeting under the auspices of the State League, Ethel L. Hastings presiding. Topics to be considered are: Nursing Education, Laura R. Logan, Chicago; Institute Classes, Cora Miller; Affiliation of Training Schools, Dena Gronewald; Records, Mary Helena Haley. 3 p. m., Reception by Mrs. Ben S. Paulen at the Governor's house. Auto ride. 8 p. m., General session at the Chamber of Commerce. Topics: Nursing the Sick Mind, Karl A. Menninger; a talk on Public Health Nursing; The Red Cross, Elsbeth Vaughan; reports of the International Council of Nurses, by Mrs. Charles C. Bailey and Celia Hanson. *Saturday, September 10*, 8 to 10 a. m., Sectional business meetings. 10 a. m., General session under the auspices of the Private Duty Section, Bertha Baumgartner, presiding. Address by Professor Irwin; Height, Weight and Health, Jean S. Dobbs; Cancer, William F. Wild, M.D. 2 p. m., Closing business session.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold its semi-annual examination for graduate nurses in Louisville, at the City Hospital, November 17, 18, 1825. Applications and information may be secured from Flora E. Keen, Secretary, Thierman Apts., C-1, 416 West Breckenridge, Louisville.

Louisiana: THE STATE NURSES' ASSOCIATION

will hold its annual convention in Alexandria, October 28, 29.

Massachusetts: The autumn meeting of the MASSACHUSETTS STATE NURSES' ASSOCIATION will be held October 9 and 10, in Pittsfield. **Arlington Heights.**—Grace L. Reilly, who has been, for the past four years, Superintendent and Instructor of Nurses at the Ring Sanatorium, has resigned to accept an appointment in Panama. Bernice Wiggin, a graduate of the Ring Sanatorium Training School, has been appointed to succeed Miss Reilly. **Peabody.**—THE J. B. THOMAS HOSPITAL held graduation exercises recently in the Nurses' Home for a class of six. The address to the class was given by Doctor Jordan. The Nightingale Pledge was recited. Flowers were presented to the graduates by the classes of 1924 and 1926. Each young woman has had a nine months' course at Fordham Hospital, New York, affiliated with Bellevue.

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants in Lansing, November 4 and 5. **Battle Creek.**—The graduating class of the School of Nurses, BATTLE CREEK SANITARIUM, gave a party in honor of Mrs. Foy on July 8, and presented her portrait to the School.

Minnesota: THE MINNESOTA STATE ASSOCIATION will hold a meeting in St. Paul, at the Ryan Hotel, October 5-9. **St. Paul.**—Maud E. Guest, class of 1922, resigned her position as Instructor at Mounds Park Hospital; she is succeeded by Ruth Gustafson, graduate of the Swedish Hospital, Minneapolis, and of Columbia University, New York. Miss Guest has been appointed instructor at the Deaconess Hospital, Spokane, Wash.

Mississippi: THE MISSISSIPPI STATE ASSOCIATION will hold its annual meeting in Gulfport, October 28 and 29.

Missouri: THE MISSOURI STATE ASSOCIATION will hold its annual meeting in St. Joseph, at the Ribidoux Hotel, October 28-30.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION will hold its annual meeting in Lincoln, at a date not yet determined. **Lincoln.**—On September 4, THE NEBRASKA ORTHOPEDIC HOSPITAL held commencement exercises for the class of 1925, consisting of

three me
lowed.
class ent
fast in
beauty
organize
older gr
with th
and "co

New
of the
held W
Hospita
of Nur
and th
were v
noon m
D. Jer
welcom
St. Jo
of the
Woma
in the
versar
was
every
the c
of H
wond
Journ
using
Supe
on th
she
twen
forw
with
the
twel
grea
othe
N
Nu
hea
wit
in
the
ho
an
or
is
an
Sh

on in Alex-

meeting of
' ASSOCIA-
D, in Pitts-
L. Reilly,
ars, Super-
ers at the
accept an
Wiggin, a
Training
reed Miss
MAS Hos-
ly in the
e address
an. The
ers were
lasses of
has had
Hospital,

ARD OF
ED AT-
gradu-
ansing,
k.—The
Nurses,
arty in
esented

ASSO-
at the
Maud
osition
; she
ite of
d of
Guest
ness

ASSO-
Gulf-

CIA-
eph,

SES'
in
ned.
SKA
ent
of

three members. A reception and dancing followed. The next morning early the Junior class entertained the class at a sunrise breakfast in the open, at one of Lincoln's many beauty spots. An Alumnae Association was organized and it is hoped that any one of the older graduates reading this will get in touch with the present secretary, Frieda Giebelhaus, and "come in."

New Hampshire: The quarterly meeting of the GRADUATE NURSES' ASSOCIATION was held Wednesday, September 9, at St. Joseph's Hospital, Nashua. In the morning the League of Nursing Education, Private Duty Nurses and the Public Health sessions were held and were very well attended. The regular afternoon meeting opened at 2 p. m., Mrs. Ethelyn D. Jenkins, President, presiding. Address of welcome was given by Doctor Sweeney, of the St. Joseph's Hospital. Mrs. Upt, President of the National Business and Professional Woman's Club, spoke on their advancement in the past few years. The twenty-fifth anniversary of *The American Journal of Nursing* was welcomed with a birthday cake. For every new subscriber a candle was placed on the cake. Anna B. Lockerby, Superintendent of Hanover Memorial Hospital, spoke on the wonderful help she always receives from the *Journal* and that her pupil nurses are now using it in their class work. Ida Nutter, Superintendent, Portsmouth Hospital, spoke on the *Journal* from its very beginning, how she had taken it from the first publication, twenty-five years ago, and had always looked forward to its advancement. She said that with the exception of a few copies she had all the copies since the beginning. There were twelve new subscribers during the day and a great many took blanks home with them for others.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION has established state headquarters at 42 Bleeker Street, Newark, with Arabella R. Creech, General Secretary, in charge. This will also be headquarters for the State League. The State Association will hold its fall meeting in Newark, November 6 and 7. Miss Creech has been active in the organization work of the state for years; she is experienced in several lines of nursing work and she knows the state and its workers well. She is a graduate of the Elizabeth General

Hospital. The next EXAMINATION FOR CERTIFICATE OF REGISTERED nurse will be held November 20, in the State House, Trenton, N. J. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date of examination. For further information apply to Agnes Keane Fraentzel, R.N., Secretary-Treasurer, 42 Bleeker St., Newark, N. J.

New York: The Nursing Organizations of New York State will hold their twenty-fourth annual meeting in Albany at the Hotel Ten Eyck, October 27-29, with the following programs: New York State Organization for Public Health Nursing, Tuesday, October 27. 8 a. m., Registration. 9:30 a. m., Morning Session, reports of officers and committees, address of President, Marion T. Brockway; Addresses, The Public Health Nurse and Civic Affairs, Mrs. C. W. Gilbert, President, Women's City Club of Albany; Practical Methods of Teaching Social Hygiene to Young People, Dr. Caro Croff, Division Social Hygiene, New York State Department of Health. 12:30, Luncheon. Speaker, Dr. Matthias Nicoll, Commissioner of Health, New York State Department of Health; Dr. Frank P. Graves, President of the University of the State of New York. 2:00 p. m., Addresses, Mental Hygiene and Public Health Work, Dr. Floyd C. Haviland; The Interdependence of Social Service and Public Health Nursing, Halle I. Woods, Assistant Superintendent of Relief Bureau A. I. C. P., New York City. 6:30 p. m., Subscription dinner, American Red Cross Nurses. Speaker, Clara D. Noyes, Director American Red Cross Nursing Service. Evening, Joint Session, Three State Organizations, Elizabeth C. Burgess presiding. Addresses of Welcome, Governor Alfred E. Smith and Mayor William S. Hackett; Reply, Anne L. Hansen; addresses, Mr. Alfred W. Martin, Society of Ethical Culture, New York City; Elizabeth G. Fox, President National Organization for Public Health Nursing. New York State League of Nursing Education, Tuesday, October 27, 8 a. m., Registration. 9:30, Morning Session, reports of officers, committees, local sections and of the National League Meeting. Afternoon, 2:00, address by the President, Elizabeth C. Burgess. Papers—The Purpose of Institutes, Carolyn E. Gray; Instruction in Nursing Methods for Advanced Students, Mabel F. Hersey; Motivation as an

Aid in Teaching, Dr. Robert T. Hill. Conference, Secretary Board of Nurse Examiners with Principals of Nurse Schools, New York State Nurses' Association. Wednesday, October 28, 8:30 a. m., Registration. 9:30, Morning session, reports of officers and committees and address of the President, Mrs. Anne L. Hansen. 2:30 p. m., Addresses by Dr. Augustus S. Downing and by Mrs. Chester C. Bolton, of Cleveland, Ohio. Demonstration, Gene Joy and Emilie Gemmell—The Nurse as a Teacher in the Home. 8:00 p. m., Banquet, Hotel Ten Eyck. Thursday, October 29, 9:00 a. m., Round Tables; Professional Ethics, Elizabeth C. Burgess; Publicity—Methods and Results, Grace E. Allison. 2:00 p. m., Meeting of Advisory Council. 4:30, Tea, Ten Eyck Tea Room. Evening, 7:30, Short Business session. 8:30, Entertainment. Members are urged to make hotel reservations early. **New York.**—THE DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK has reorganized its contagious disease hospitals and has created a school for nurses which will affiliate with the general training schools of the city. Nellie S. Parks, recently visiting instructor for the Ohio Board of Nurse Examiners, is now Director of the Nursing Service. A post-graduate course has been established for public health nurses. THE MANHATTAN AND BRONX ASSOCIATION, formed thirty-two years ago, to bring together graduates of schools outside the Manhattan and Bronx district, is issuing an invitation to all such nurses living in District 13, to join its ranks, and through it, the District, State and National. Meetings are held at the Central Club for Nurses, 132 East 45th St., New York City, on the second Monday of the month, at 4:30 o'clock—October to June, inclusive. **Oneida.**—Jessie Broadhurst has returned as Superintendent of the Broad Street Hospital, after three years spent at Teachers College.

North Carolina: THE NORTH CAROLINA STATE BOARD OF NURSE EXAMINERS will hold examinations in Raleigh, N. C., October 21, 22 and 23. Applications for examinations may be procured by writing Mrs. Z. V. Conyers, P. O. Box 1307, Greensboro, N. C. **Asheville.**—The regular monthly meeting of DISTRICT No. 1, was an unusually inspiring one. Annie Gray, an Asheville graduate, gave a description of her work in Korea under the auspices

of the Presbyterian Church. She is the only nurse in the compound, and is working with one American doctor, who is assisted by one native. Miss Gray is returning to the mission after her furlough.

Ohio: Mansfield.—THE MANSFIELD GENERAL HOSPITAL held commencement exercises for the Senior Class of the School of Nursing at the First Congregational Church, September 3. A reception at the Nurses' Home followed the exercises.

Oklahoma: THE OKLAHOMA STATE NURSES' ASSOCIATION will hold its annual meeting in Tulsa, October 28-30.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA will hold its twenty-third annual meeting in Williamsport, October 26-29, with headquarters at the Lycoming Hotel. Other hotels are the Lycoming Annex, the Park Hotel. The program for the State Association will be found in the September *Journal*, p. 797. Note that the banquet will be held at 8 p. m., instead of 7 p. m., on Tuesday evening. THE LEAGUE MEETINGS will be held on Wednesday, the 28th, (not on Thursday), with the following program, Elizabeth F. Miller presiding: 9 a. m., President's address. 10-12, Business. Noon, Round table, Status of Instructors, conducted by Jessie Turnbull. 2 p. m., Applications of Psychology to Teaching Methods in Schools of Nursing, Maude B. Muse; Report of the Helsingfors conference, S. Lillian Clayton. THE PENNSYLVANIA ORGANIZATION FOR PUBLIC HEALTH NURSING will meet on Thursday, the 29th (instead of Wednesday), Netta Ford presiding. 9:10, President's address and business. 10:30, Round table, Prenatal and Maternity Care conducted by Hazel Corbin, of New York. Noon, Greetings from the National Organization, Frances Brink; What Pennsylvania Is Doing for Its Children, Bruce McGreary, M.D.; The Nurse and the Social Worker, Nan Dorsey; Board Responsibilities for the Public Health Program, Anna Huber; Working with the Doctors, Elizabeth G. Fox, Washington, D. C. 8 p. m., Address by Dr. Haven Emerson, New York. THE INSTRUCTORS' INSTITUTE will be held October 29-31. (For an outline of the program, see the September *Journal*.) Plans for the Instructors' Institute, under the auspices of the State League of Nursing Education, are being

made w
so helpf
will nev
principa
Director
devote
ples Ap
Round
tor will
ing it n
Institut
N.S., P
ALUMN
HOSPIT
Spring
so man
commi
mittee
for el
be nar
Associ
—The
STITUT
at Te
ber, o
This
tinuat
Coom
charg
Mr.
the c
THE
FRAN
deleg
the c
lins
year
inter
R
OF
exan
the
Frid
app
add
Wo
T
ASS
Nas
—A
of
hor
Au

made with the hope of making this Institute so helpful to instructors that those who come will never want to miss another one. The principal speaker will be May Kennedy, Director of the Illinois Institute, who will devote several hours to Psychological Principles Applied to Teaching. Other papers and Round Tables of equal interest to the Instructor will fill the program. Information regarding it may be had of Alice Stratton, Chairman Institute Committee, Presbyterian Hospital, N.S., Pittsburgh. **Allentown.**—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLENTOWN HOSPITAL held a reunion, July 11, at Sand Spring Park. It was very gratifying to have so many respond to the serious efforts of the committee. At the October meeting, a committee will be appointed to prepare a ballot for election of officers. Delegates will also be named to attend the meeting of the State Association at Williamsport. **Philadelphia.**—The evening COURSE IN HOSPITAL AND INSTITUTIONAL MANAGEMENT will be continued at Temple University, beginning with October, on Thursday evenings, from 7:30 to 9:30. This class was held last winter and is a continuation of the summer course. Doctor Coombs, of Temple University, will be in charge of the course on medical records and Mr. Pitcher of the Presbyterian Hospital of the course on administration. **Pittsburgh.**—THE NURSES' ALUMNAE ASSOCIATION OF ST. FRANCIS' HOSPITAL at a recent meeting elected delegates for the State Association. Owing to the death of Alice Cain, Secretary, Mary Collins was elected, to serve the remainder of the year. Adelaide Cushing has been made Superintendent of the Eye and Ear Hospital.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the State House, Providence, Thursday and Friday, November 12 and 13, at 9 a. m. For application blanks and further information, address Lucy C. Ayers, Secretary-treasurer, Woonsocket Hospital, Woonsocket.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION will hold its annual meeting in Nashville, October 12 and 13. **Chattanooga.**—A called meeting of the Board of Directors of the Chattanooga district was held at the home of the president, Mrs. C. F. Broyles, on August 27. A nominating committee was

appointed by the president. The 4th Annual Booth to be held at the Fair was decided upon. The different committees were urged to have all reports made out and ready for the Annual State Convention to be held in Nashville, October 19 and 20. Delicious refreshments were served and a social hour enjoyed. The Baroness Erlanger Alumnae Association held its monthly meeting at the Nurses' Home, September 9. The meeting was called to order by the president, Miss Bumgarner. Annual reports were read by the officers and chairmen of the different committees. The Sick Nurses' Relief Committee reported two hundred dollars. Visits were made and flowers sent to all sick nurses during the past year. It was decided that the Alumnae pay the annual dues of one of our sick nurses for the different associations and that we send ten dollars a month to another sick nurse who had married and failed to keep up her dues in the different associations. It was also decided to have a bridge party later to raise money for this purpose. This was done during the past year, the Alumnae realizing about fifty dollars which was sent directly to one of the sick nurses. The officers for the coming year are Mabel Norman, president; Margaret Kirkpatrick, Secretary, besides the other regular officers. Phoebe Bumgarner has resigned as Superintendent of Nurses, Newell Sanitarium, and has taken the position as Historian at The Baroness Erlanger Hospital. **Knoxville.**—A new nurses' home has been erected by FORT SANDERS HOSPITAL at a cost of \$37,000. It contains forty rooms and is large enough to include classrooms and recreation rooms. One wing is devoted to the use of either graduate nurses or to relations of the patients, a convenience much appreciated, as meals are served in the Home. KNOXVILLE GENERAL HOSPITAL has welcomed most warmly, Montez Wayne as its new Superintendent of Nurses.

Texas: **Houston.**—THE NINTH DISTRICT held its September meeting at the Jefferson Davis Hospital with a private duty program.

Vermont: The semi-annual meeting of the VERMONT STATE NURSES' ASSOCIATION will be held in Montpelier, October 20. An opportunity will be given to visit the very attractive new Nurses' Home of Heaton Hospital. The twelfth annual meeting of the VERMONT

CONFERENCE OF SOCIAL WORK will be held in Waterbury, October 21 and 22. It is hoped a large number of nurses will be present.

Virginia: The committee appointed by the Graduate Nurses' Association of Virginia, Agnes D. Randolph, president, to raise the \$50,000 required for the founding of a Chair of Nursing at the University of Virginia announces that the financial campaigns to be held in the various cities of the Commonwealth are making marked progress. Miss Martha Baylor, managing director of this work, is now conducting the drive in Roanoke where she states that she is finding the public encouragingly receptive, and it is more than probable that the quota for that city will be raised within the specified time. Miss Baylor is planning to supervise a similar campaign in Norfolk in October. She has already done considerable organization work there preliminary to the actual solicitation. Richmond and Harrisonburg have already pledged the amounts allotted to them and the general outlook is regarded as being most optimistic. There will be a meeting of the board of directors of the association held in Richmond in October, but prior to that gathering it is planned to call a meeting of the educational section of the association for the purpose of discussing a number of important issues. The various nurses' clubs and alumnae organizations are now busy holding their initial assemblies following the long summer vacation at which plans are being made for the season just ahead, and, in a number of instances, it is likely to prove a very busy one.

Washington: Seattle.—THE NURSES' INSTITUTE, held at the University of Washington, this summer, was even more of a success than the one held last year. More than one hundred nurses registered for the full course, representing all of the Northwestern states, California and British Columbia. Doctor Suzzallo, President of the University, welcomed the nurses with a most inspiring address. The visiting faculty were Mary C. Wheeler, of Chicago; Cecilia Evans, of Madison, Wis., and Elnora Thomson, of Salem, Ore. Those who lectured from the regular University faculty were Professors Martha Koehne, Nutrition; Edmond S. Meany, History; Frederick Osborne, Science and Religion; Walter Isaacs, Art Appreciation; A. C.

Roberts, Education; and Herbert Corey, The Evolution of Man. The round tables, which were a feature of the institute, brought out some splendid discussion. The recreational side was not forgotten and a banquet, lunches, automobile rides and a sail around Lake Washington made the week enjoyable as well as an educational inspiration.

West Virginia: WEST VIRGINIA STATE BOARD EXAMINATION for registered nurses will be held Wednesday, October 21. Make application to Mrs. Andrew Wilson, Secretary, 1300 Byron St., Wheeling, W. Va.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting in Eau Claire, October 19-21. Following is the tentative program: Addresses, "The Hospital Side of Communicable Diseases and Its Place in the Curriculum," Charlotte Johnson, Durand Hospital of Infectious Diseases, Chicago. "Newer Research Work in Communicable Diseases," Dr. R. M. Greenthal, Milwaukee. "Things Everyone Should Know About Heliotherapy," Superintendent of Schools, Eau Claire, Wisconsin. "Tuberculosis and Public Health Nurse," Dr. T. L. Harrington, Milwaukee. "Preventive Dentistry," Dr. P. Jaeger, Eau Claire. Adda Eldredge, President of the American Nurses Association, Cornelia van-Kooy, President of the State Association and Frances Ott, past Chairman of the National Private Duty Section, all of whom have recently returned from the International Congress of Nurses will be on the program. Major Stimson will be the chief speaker on the League of Education Day and Miss Werth of the Milwaukee Children's Hospital will give a demonstration. Cecelia Evans, Madison, will give items of interest from the Western Public Health Nurses' Institute. For the entertainment of the visitors the Tenth District have arranged a drive, banquet, tea and a luncheon to the past presidents of the association. **Superior.**—Helen W. Kelly, of Milwaukee, has been appointed Director of the School for Nurses of St. Mary's Hospital. Ruth Coe, special school and clinic worker of the Wisconsin Anti-Tuberculosis Association, has resigned to accept a post with the vocational school of Madison. She will be dean of girls and director of health work. Jeanette C. Oswald, graduate of Lakeside Hospital, Cleveland, Ohio, postgraduate of Teacher's College,

New Y
Mt. Sin
Educati
eral Ho
of Colum
her pos
General
Michael
Anderso
Minnea
anaesth
recently
son Ge
gave a
Mrs. Fr
fit of t
\$16 w
preside
Public
Third
at the
District
Septem
Wiscon
the M
guests
school
Wagne
Evolut

Glen
tal, C
August
Cor
Genera
Olson,
Vio
Hospit
August
Ma
Baron
Tenn.
home.
Cat
Street
Lamb
Jul
Broad
Willia
Beau
Ma
Scho

Corey, The
ables, which
brought out
recreational
net, lunches,
ound Lake
ble as well

NIA STATE
nurses will
ake appli-
Secretary.

TE NURSES'
meeting in
ring is the
e Hospital
Its Place
son, Dur-
, Chicago.
municable
Milwaukee.
w About
hools, Eau
nd Public
Milwau-
P. Jaeger.
nt of the
elia van-
ation and
National
om have
nal Con-
program.
er on the
Werth of
ill give a
son, will
n Public
ntertain-
ict have
uncheon
ociation.
waukee,
hool for
th Coe,
he Wis-
n, has
cational
of girls
ette C.
Cleve-
College,

New York, has resigned her position at Mt. Sinai Hospital, Cleveland, to accept the Educational Directorship at the Madison General Hospital. LaVerne Thompson, graduate of Columbia Hospital, Milwaukee, has resigned her position as instructor at the Madison General Hospital to accept a position at the Michael Reese Hospital, Chicago. Alice Anderson, graduate of St. Luke's Hospital, Minneapolis, has accepted a position as anaesthetist at the Madison General Hospital, recently vacated by Lorna Bailey. The Madison General Hospital Alumnae Association gave a card party August 11 at the home of Mrs. Fred Gratz (Ellen Nelson) for the benefit of the Nurses' Relief Fund. The sum of \$16 was collected. Grace Anderson, vice president of the National Organization for Public Health Nursing, was the guest of the Third District at a dinner given August 28, at the Hotel Lorraine. The Fourth and Fifth District held its first meeting of the year, September 8, in the new assembly hall of the Wisconsin Nurses' Club. The senior class of the Milwaukee County Hospital were the guests of the evening and the alumnae of that school were the hostesses. The Reverend Wagner Roth gave an interesting talk on Evolution.

MARRIAGES

Glen Arter (class of 1922, Lakeside Hospital, Chicago) to **Henry Christopher Hyslop**, August 15. At home, Chicago.

Corinne Baker (class of 1923, Madison General Hospital, Madison, Wis.) to **William Olson**, August 8. At home, Colby, Wis.

Viola Beach (class of 1919, Broad Street Hospital, Oneida, N. Y.) to **William Sammons**, August 15.

Maro Virginia Bumgarner (class 1921, Baroness Erlanger Hospital, Chattanooga, Tenn.) to **Charles D. Holland**, October 1. At home, Washington, D. C.

Catherine E. Cornue (class of 1925, Broad Street Hospital, Oneida, N. Y.) to **Carlton Lamb**, August 19.

Julia Frances Crockett (class of 1921, Broad Street Hospital, Oneida, N. Y.) to **William A. Smith, M.D.**, August 19. At home, Beaumont, Texas.

Mary Florence Deaver (Christ Hospital School of Nursing, Cincinnati, O.) to **George**

C. Minter, August 16. At home, St. Joseph, Mo.

Lucille Dickman (class of 1924, Mounds Park Hospital, St. Paul, Minn.) to **Frank Freehoff**, August 4. At home, St. Paul.

Ruth Johnson (class of 1925, Mounds Park Hospital, St. Paul, Minn.) to **Rev. August Berg**, August 11. At home, Worcester, Mass.

Frances Margeret Knies (class of 1921, Lankenau Hospital, Philadelphia) to **E. Bradley Southwick**, August 5. At home, Cleveland, Ohio.

Minna Steyert (class of 1922, Allentown Hospital, Allentown, Pa.) to **Frank M. King**, August 27.

Lydia B. Tabor (class of 1924, Butler Hospital, Providence, R. I.) to **William Fraser** (class of 1925, Butler Hospital), July 1.

Ethel Wentworth (class of 1920, Broad Street, Hospital, Oneida, N. Y.) to **Cecil Dawley**, August 15.

DEATHS

Mary Percival Abbott (class of 1902, Lakeside Hospital, Chicago) on February 25. Miss Abbott had been in poor health for some time and on February 22 had a minor operation from which she did not rally.

Mrs. Catherine Rogers Alexander died recently in New York City. She served during the World War, first with the English forces and later with the American nurses. Burial was at Waltham, Mass.

Mary Alice Cain (class of 1919, St. Francis Hospital, Pittsburgh, Pa.) on May 14. Miss Cain did private duty and was loved and esteemed by patients, nurses, and all who came in contact with her. At the time of her death she was secretary of her alumnae association. Eight members of the association were active pall bearers.

Anna V. Dugan (member of the first graduating class, St. John's Hospital, Long Island City, N. Y.) on July 31, at Essex, Conn., after an illness of nine months. Miss Dugan was a supervising nurse at the Kingston Avenue Hospital for many years. At the entry of the United States into the World War, she volunteered her services and was assigned to Plattsburg. She was a member of Flatlands Post, American Legion.

Dagnas Rebecca Ellingson (class of 1923, Mounds Park Hospital, St. Paul, Minn.) on July 27, at her home, Northome, Minn., after an illness of several months. Miss Ellingson did institutional work at Bend, Oregon, for a short time after graduation; later, private duty in St. Paul. With her happy spirit she endeared herself to all who knew her. Burial was at Hawkins, Wis.

Ruth G. Schoonover (class of 1912, Illinois training School, Chicago) on March 4, at Yakima, Wash., after an illness of four days. Miss Schoonover was finishing her third year as school nurse in Yakima.

Mrs. Sourie Reutschler Seiders (class of 1915, Reading Hospital, Reading, Pa.) September 9, at the Reading Hospital.

Blanche Sennett (class of 1925, St. Joseph Mercy Hospital, Waverly, Iowa) on September 3, of cardiac complications following an

operation. Miss Sennett was most faithful in her duties as a student and was loved by all. She completed her course in the hospital, September 2, 1925.

Mrs. Sara Cole Smith (class of 1898, Reading Hospital, Reading, Pa.) on July 31, at the Reading Hospital. Mrs. Smith had been an active member of her alumnae association since graduation. She had a wide circle of friends.

Sister M. Blandina Wenzel (class of 1920, St. Francis Hospital, Pittsburgh, Pa.) in August. Sister Blandina was head nurse in charge of the emergency room where she endeared herself to all who knew her.

Mrs. Caroline Dills Woody (class of 1918, Kanawha Valley Hospital, Charleston) at her home in Huntington, W. Va., in August.

Marion L. Work, Oak Park, Ill., on June 18.

"Under the wide and starry sky
Dig the grave and let me lie,
Glad did I live and gladly die,
And I laid me down with a will.

This be the verse you grave for me;
Here he lies where he longed to be,
Home is the sailor, home from the sea,
And the hunter home from the hill."

—Stevenson.

OPERAT
NUR

C. I
illus
New

Tho
differ
cedure
operat
find th

As a
for te
explicit
underl

For in

Retra
toes di
ment t
under
sterile,
be plac
from g
unsteri
vent th

Alwa
tip int
which
preven
suction

Do
until i
idly in

Th
anoth
valua
tion,
descr

Ingr
patien
tient
operat
nal ob
muscl
the sa
deep
Bes

faithful in
ed by all
ital, Sep-

of 1898,
July 31,
nith had
nae asso-
a wide

class of
gh, Pa.)
ad nurse
here she
r.

of 1918,
) at her
nst.

III., on

BOOK REVIEWS

OPERATING ROOM PROCEDURE FOR NURSES AND INTERNES. By Henry C. Falk, M.D., pp. 385, with 275 illustrations. G. P. Putnam's Sons, New York and London. Price, \$2.50.

Though the details of surgical technic differ widely and operating room procedure varies still more widely, every operating room nurse and interne will find this book instructive and helpful.

As a textbook it is admirably adapted for teaching purposes. It is detailed, explicit, and gives the pupil the reasons underlying the methods and procedures. For instance:

Retractors: These are placed with their toes directed downward. If the metal instrument tray is sterile, nothing need be placed under the toes. If the metal tray is not sterile, the toes of these instruments should be placed on a sponge to prevent the points from going through the towel and becoming unsterile. (The toes are turned down to prevent the nurse from tearing her gloves.)

Always suck cold water through the suction tip into the bottle after every operation in which it is used. In this way the blood is prevented from clotting and plugging the suction tip and rubber tubing.

Do not put rubber gloves into the water until it boils. Rubber deteriorates very rapidly in hot water.

The organization of material is another feature that makes the book valuable in teaching. As an illustration, one may cite the outline used in describing operations:

Inguinal hernia: Definition; preparation of patient; instruments; sutures; position of patient on table; draping of patient, steps of the operation—incision, incision of fascia of external oblique muscle, exposure of internal oblique muscle and Poupart's ligament, separation of the sac, transfixion of the sac, suture of the deep layer, suture of the superficial layer.

Besides describing the technic, the instru-

ments and the sutures used in each step are indicated.

The author offers some very practical suggestions in methods of teaching:

It is advisable in instructing all undergraduate nurses in operating room technic, etc., to use a blackboard and an anatomical manikin, demonstrating the various steps of the operation to be performed, so that they can understand the why and wherefore of everything they do.

And, the nurse is taught "how to set up the operating room, using unsterile linen for the purpose. (The pupil nurse should, however, handle all the unsterile material as though it were sterile.)"

The numerous and well chosen drawings have a special merit of freedom from unnecessary detail, the essential features being therefore very successfully emphasized.

Part I of the book, fifteen chapters, is devoted to the operating room, its personnel, apparel, supplies with practical suggestions for a system of keeping supplies, preparation of patient, preparation of hands of workers, instrument tray, care of instruments, "setting up" of operating room for operation, positions on the operating room table, and manual sign system. Part II, twenty-two chapters, describes the various operations. There is question whether the manual signal system is of sufficient importance or its use general enough to warrant a chapter in a book like this.

"Pointers" at the end of some chapters emphasize the important precepts discussed and serve as a sort of summary. A dictionary of operations is given at the end of the text.

The book merits high recommendation. **SISTER M. DOMITILLA, B.S., R.N.,**
Rochester, Minn.

SIMPLIFIED NURSING. By Florence Dakin, R.N. Illustrated. 497 pages.

J. B. Lippincott Company, Philadelphia. Price, \$3.

In a preface to this new text-book the author rightly emphasizes the necessity of teaching the rudiments of nursing to all who have the responsibility of caring for the sick and yet who have not had a nurse's training. With this in mind the writer has prepared an excellent book of 499 pages with 77 illustrations.

The book is offered to the "home nurse," i.e., the mother, wife or that member of the family who frequently has the responsibility of caring for a sick relative, to the practical nurse who may not have had the advantages of hospital training or systematic teaching and to schools for trained attendants as a text-book for the instructors to use and enlarge upon as they see fit. It is also offered to high school teachers of home nursing as a text-book.

The book is divided into three chapters. The first contains ten lessons on "Routine Work—General Daily Care and Feeding of a Patient." Chapter two of nineteen lessons is devoted to "General Nursing Methods." Chapter three with nine lessons is on "Special Nursing Methods."

The writer has included in the last lesson of Chapter Three, "Care of the Body after Death." This is an original and especially good contribution to a book of this kind.

I wish there might have been a different arrangement of subject matter in the composition of the book which would have given more chapters or divisions with fewer lessons to each division. Such an arrangement would have made the book easier to use as a text-book for

teachers of limited teaching experience.

At the back of the book is a generous supplementary reading list which might be especially helpful to the "home nurse" or trained attendant. There is also a very good glossary and a well arranged index.

I would recommend the book to the "home nurse," practical nurse and to the instructors of the trained attendants. It is not suited to the needs of the high school teachers of home nursing as a text-book but could be used satisfactorily by them as a reference book.

The illustrations are clear and with the text make a book that should be of valuable aid in teaching the simple nursing technic required for intelligently carrying out a physician's orders in caring for a sick person ill in his own home.

FREDERIKA FARLEY, R.N.,
New York, N. Y.

THE NEWER KNOWLEDGE OF NUTRITION: The Use of Foods for the Preservation of Vitality and Health. By E. V. McCollum, Ph.D., and Nina Simmonds, Sc.D. 3rd Edition. Entirely rewritten. Illustrated. 675 pages. The Macmillan Company, New York. Price, \$4.25.

In using the historical method of narrating the progress of nutritional research the authors have compiled a wealth of facts. Topic headings used throughout every chapter aid in the use of the book for reference. The progress of research in nutrition is outlined step by step. Data are carefully weighed and the conclusions are logically drawn. Tables, charts and full page figures illustrate different points pertaining to diet. Eighty-six pages of bibliography furnish a ready reference.

As t
rather
may be
given
This ne
to date
the bo
facts a
are act
ments
convinc
attitud
cussion

The
in conj
deficien
thirds
the ne
goitre.

With
effect
to find
tions.

on diet
convinc
To
man i
equal
The ac
anyon
that

betwe
being.

In
diet
pertin
these
branch
preve
of the
of pr
suffici
Then

The

As the book deals with principles rather than with practical dietetics it may be used to supplement the facts given in more condensed text books. This new edition brings the material up to date, so one may unhesitatingly use the book assured that the presented facts are not obsolete. As the authors are active nutrition workers their comments on the research of others is most convincing and valuable. An unbiased attitude is maintained in every discussion.

The summary of the work on vitamins in conjunction with their relationship to deficiency diseases comprises about two-thirds of the book. Added to this are the new facts on iodine deficiency and goitre.

With increased data pertaining to the effect of diet on caries, it is interesting to find the reports of recent investigations. The material in the brief chapter on diet in relation to teeth is concise and convincing.

To read about the dietary habits of man in different parts of the world is equal to a fascinating bit of fiction. The accumulated truths should convince anyone, regardless of his knowledge, that there is a distinct relationship between food habits and general well-being.

In the chapter on the relation of the diet to resistance to disease, several pertinent statements are noted. Among these are the facts that, "The latest branch of medicine to develop is that of preventive medicine," and, "The study of the science of nutrition as a branch of preventive medicine has not been sufficiently appreciated in the past." Then the authors go on to add:

The researches in the field of nutrition have

a greater value in preventive medicine in relation to raising the vitality of mankind, with all that this implies, than they have in the prevention of the occurrence of the deficiency diseases.

The keynote of the book is found in the chapter on the pregnant and nursing mother. In this material great emphasis is given to the relation between the diet of the pregnant mother and the physical condition of her offspring.

Books like this one, easy to read, are interesting to return to and should help us in applying more of the known facts regarding nutrition. At the same time such a book stimulates the desire to aid in disseminating such knowledge as may have been acquired in its study.

HELEN CLARKE, M.S.,
Clifton Springs, N. Y.

EVERYDAY MOUTH HYGIENE. By Joseph Head, M.D., D.D.S. Second edition. Illustrated. 67 pages. W. B. Saunders Company, Philadelphia. Price, \$1.

A thoroughly practical little book in which the author plunges straight into a discussion of the everyday care of the teeth. The purpose and use of dental floss and of tooth brushes are shown by a wealth of illustrations. The care of children's teeth and the particular problems of dentition are relegated to the final chapter.

THE NURSE AND THE FAMILY. 122 pages. Metropolitan Life Insurance Company, New York, N. Y.

This little paper-backed book is a Visiting Nurse's Handbook for teaching the members of the family the simpler phases of bedside care and personal and home hygiene. It is divided into an Introduction, I—The Elements of Bedside Nursing Care, II—Nursing Care for

Chronic Patients, III—Nursing Care in Communicable Diseases, IV—Maternity Nursing Care. The Appendix contains a bibliography of Metropolitan health literature and a selected bibliography on nursing and public health.

THE CORNELL CLINIC, 1921-1924. A Report Issued by the Committee on Dispensary Development of the United Hospital Fund of New York, 17 West 43rd Street, New York City.

The pay clinic, opened by the Cornell Medical College in 1921, has drawn more than twice as many patients per year as the free clinic formerly conducted in the same building. "The wealth of the rich attracts attention," declares the report. "The needs of the poor excite the impulses and agencies of charity. The self-supporting mass of the population has no notoriety. Has it no needs?" The clinic offers an answer to one problem of the person of moderate means who lives within reasonable distance of it.

APPROACHING MOTHERHOOD. By George L. Brodhead, M.D. 180 pages. Paul B. Hoeber, Inc., New York. Price, \$1.50.

This little well printed book will be of special interest to all potential mothers, and might well find a place on the private nurse's bookshelf for easy reference.

Most prospective mothers, even of today, are too uninformed to formulate the thoughts which trouble them. The author does this for them by means of questions. The book provides space for further questions.

A glance at the well prepared index will serve to throw light on the completeness of Doctor Broadhead's inter-

est in and sympathy for his patient, but only a thoughtful reading of the book will reveal the tact and good judgment of the answers. One rejoices, too, in the absence of illustrations.

It should be a real friend to the intelligent pregnant woman. Nurses might learn a lesson in "how far to go" in their talks with their patients, from his clear, conservative statements.

It seems a pity that the author wrote with only a limited group of women in mind. The book, while simple enough for the general run of city physicians' private patients, is quite beyond the understanding of those who crowd our clinics.

CALVINA MACDONALD,
Cleveland, Ohio.

BOOKS RECEIVED

THE CONQUEST OF CANCER. By H. W. S. Wright, M.S. 82 pages. E. P. Dutton Company, New York. Price, \$1.

PROCEEDINGS OF THE INTERNATIONAL CONFERENCE ON HEALTH PROBLEMS IN TROPICAL AMERICA. Illustrated. 1010 pages. United Fruit Company, Boston, Mass.

PRINCIPLES OF PUBLIC HEALTH ENGINEERING. By Earle B. Phelps, B.S. Illustrated. 265 pages. The Macmillan Company, New York. Price, \$3.

THE COMING OF BABY. By Lucy E. Ashby and Kate Atherton L. Earp. 92 pages. The Scientific Press, Ltd., London. Price, 2/net.

AN EPOCH IN LIFE INSURANCE: A Third of a Century of Achievement. Second Edition. Illustrated. 306 pages. Metropolitan Life Insurance Company, New York.

AMERICANITIS: Blood Pressure and Nerves. By William S. Sadler, M.D. 176 pages. The Macmillan Company, New York. Price, \$2.

A SHORT PRACTICE OF MIDWIFERY FOR NURSES: Embodying the Treatment Adopted in the Rotunda Hospital, Dublin. By Henry Jellett, B.A., M.D. Sixth Edition. Revised. 427 pages. Illustrated. J. & A. Churchill, London.

Inter
retary,
varden
mark.

The
Compa
New Y
St., Ro
Clayton
delphia.
Hopkins

The
Headqu
Director
New Y
of Nurs
son, W
dren's
V. Lot
wood,
Helen
Chestn
man, M
Chicago
Louise
Paso.

Section
Public
D. C.
Elizab
York,

The
cation
New Y
Bent
tary,
Evans
Bellev
Secret
Ave.,

The
Health
Fox,
D. C.
Ave.,

Isa
Comm
Johns
Treas
Journ
ester,

Ne
Nurs
Johns
Bosto
man

Mi
Mrs.
Buff
Univ

No
Nurs
Phelp
tary,
Merc

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christiane Reimann, Strand Boulevard 1, Chalottenlund, Copenhagen, Denmark.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Ave., New York. Business Office, 19 West Main St., Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Director, Agnes G. Deans, 370 Seventh Ave., New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treasurer, V. Lota Lorimer, 11705 Detroit Ave., Lakewood, O. Sections: **Private Duty**, Chairman, Helen F. Greaney, 8620 Montgomery Ave., Chestnut Hill, Pa. **Mental Hygiene**, Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation**, Chairman, A. Louise Dietrich, 1001 E. Nevada Street, El Paso, Tex. **Government Nursing Service Section**, Lucy Minnigerode, Chairman, U. S. Public Health Nursing Service, Washington, D. C. **Relief Fund Committee**, Chairman, Elizabeth E. Golding, 317 West 45th St., New York, N. Y.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Secretary, Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treasurer, Marion Rottman, Bellevue Hospital, New York. Executive Secretary, Blanche Pfefferkorn, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 2151 California St., N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main St., Rochester, N. Y.

New England Division, American Nurses' Association.—President, Sally Johnson, Massachusetts General Hospital, Boston, Mass. Secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Middle Atlantic Division.—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Secretary, Annie Crighton, University Hospital, Baltimore, Md.

Northwestern Division, American Nurses' Association.—President, Grace Phelps, 616 Lovejoy St., Portland, Ore. Secretary, Mrs. Celia Satterwhite, Box 137-A, Mercer Island, Wash.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

STATE ASSOCIATIONS OF NURSES

Alabama.—President, Margaret Murphy, 1417 Eslava St., Mobile. Secretary, Mrs. Ida C. Inscor, Dothan. State League President, Agnes V. Humphreys, Bryce Hospital, Tuscaloosa. Secretary, Helen MacLean, Walker County Hospital, Jasper. President examining board, Helen MacLean, Walker County Hospital, Jasper. Secretary, Linna H. Denny 1808 North 7th Ave., Birmingham.

Arizona.—President, Mrs. Gertrude Russell, Box 822, Phoenix. Secretary, Bertha Case, 869 North First Ave., Phoenix. President examining board, Kathryn G. Hutchison, Tombstone. Secretary-treasurer, Catherine O. Beagin, Box 248, Prescott.

Arkansas.—President, Eva Atwood, Faulkner County Hospital, Conway. Secretary, Blanche Tomaszewska, 1004 W. 24th St., Pine Bluff. President examining board, Walter G. Eberle, M.D., First National Bank Building, Fort Smith. Secretary-treasurer, Ruth Riley, Fayetteville.

California.—President, S. Gotea Dozier, 2037 Larkin St., San Francisco. Secretary, Mrs. J. H. Taylor, 743 Call Building, San Francisco. State League President, Daisy Dean Urch, 821 Pacific Finance Bldg., Los Angeles. Secretary, Edith M. Schenick, San Francisco Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, State Building, San Francisco.

Colorado.—President, Mrs. May M. Carpenter, 1027 Fillmore St., Denver. Secretary, Ruth Gray, 1820 North Weber St., Colorado Springs. State League President, Laura Elder, St. Luke's Hospital, Denver. Secretary, Mary Carney, St. Joseph's Hospital, Denver. President examining board, Blanche I. Lewis, 1116 East Boulder St., Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut.—President, Abbie M. Gilbert,

202 Main St., South Farms, Middletown. Secretary, Mrs. Cora Conklin, 23 Elm St., East Haven. State League President, Harriet Leck, 47 Allyn St., Hartford. Secretary, Mary Gerow Trites, Hartford Hospital, Hartford. President examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Ave., Bridgeport.

Delaware.—President, Mary A. Moran, 1313 Clayton St., Wilmington. Secretary, Ione M. Ludwig, 1112 Shallcross Ave., Wilmington. President examining board, Frank F. Pierson, M.D., 1007 Jefferson St., Wilmington. Secretary, Mary A. Moran, 1313 Clayton St., Wilmington.

District of Columbia.—President, Gertrude Bowling, Inst. Visiting Nurse Society, Washington. Secretary, Mrs. Frances M. Elzey, 1115 Fairmont St., Washington. District League President, Julia C. Stimson, War Department, Washington. Secretary, Mrs. Isabelle W. Baker, American Red Cross, Washington. President examining board, Elizabeth Melby, Walter Reed Hospital, Washington. Secretary-treasurer, Alice M. Prentiss, 1337 K St., N.W., Washington.

Florida.—President, Mrs. Lucy Knox McGee, City Board of Health, Jacksonville. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Fetting, 15 Rhode Ave., St. Augustine. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Jean Harrell, 346 North Boulevard, Atlanta. Secretary, Agnes P. McGinley, Athens General Hospital, Athens. President examining board, Jessie M. Candlish, 20 Ponce de Leon Ave., Atlanta. Secretary-treasurer, Jane Van De Vrede, 688 Highland Ave., Atlanta.

Idaho.—President, Beatrice Reichert, 1711 N. 12th St., Boise. Secretary, Barbara Williams, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Sara B. Place, 308 N. Michigan Ave., Chicago. Secretary, May Kennedy, 6400 Irving Park Blvd., Chicago. State League President, Evelyn Wood, 30 East Ontario St., Chicago. Secretary, Olga Andresen, 2449 S. Dearborn St., Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana.—President, Elizabeth Goepfinger, Culver Hospital, Crawfordsville. Secretary, Elizabeth P. Pitman, Indiana Christian Hospital, Indianapolis. Executive secretary and educational director, Mrs. Alma H. Scott, 309 State House, Indianapolis. State League President, Mrs. Ethel P. Clarke, Robert Long Hospital, Indianapolis. Secretary, Edna L. Hamilton, Public Health Nursing Service, Indianapolis. President examining board, Edith G. Willis, Good Samaritan Hospital, Vincennes. Secretary, Clare E. Brook, 333 State House, Indianapolis.

Iowa.—President, Ada L. Hershey, Room

14, City Hall, Des Moines. Secretary, Blanche E. Edwards, 1103 Lafayette St., Waterloo. State League President, Esther Jackson, Iowa Lutheran Hospital, Des Moines. Secretary, Mary Elder, Burlington Hospital, Burlington. President examining board, Sara O'Neill, 310 Davidson Bldg., Sioux City. Secretary, Martha Kretschmar, 1007 Franklin St., Waterloo.

Kansas.—President, Mrs. C. C. Bailey, 714 Tyler St., Topeka. Secretary, Caroline E. Barkemeyer, 306 Locust St., Halstead. State League President, Ethel Hastings, Bethany Methodist Hospital, Kansas City. Secretary, M. Helena Hailey, 961 Brooks Ave., Topeka. President examining board, Sister Catherine Voth, Bethel Deaconess Hospital, Newton. Secretary-treasurer, M. Helena Hailey, 961 Brooks Ave., Topeka.

Kentucky.—President, Harriet Cleek, 165 Woodland Ave., Lexington. Corresponding secretary, Jane A. Hambleton, 922 South 6th St., Louisville. State League President, Flora E. Keen, Somerset. Secretary, Cornelia D. Erskine, City Hospital, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Thierman Apt., C-1, 416 W. Breckenridge St., Louisville.

Louisiana.—President, Mrs. Lydia Breaux, 521 S. Hennessy St., New Orleans. Secretary, Mrs. Clara McDonald, 3028 Toledano, New Orleans. State League President, Sister Kostka, Charity Hospital, New Orleans. Secretary-treasurer, Margaret A. Price, Hotel Dieu, New Orleans. President examining board, J. T. Crebbin, M.D., 27 Cusachs Bldg., New Orleans. Secretary-treasurer, Julia C. Tebo, 27 Cusachs Bldg., New Orleans.

Maine.—President, Edith L. Soule, 55 Eastern Ave., Augusta. Secretary, Louise Hopkins, 246 Essex St., Bangor. President examining board, Margaret M. Dearnsey, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland.—President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral St., Baltimore. State League President, Annie Crighton, University Hospital, Baltimore. Secretary, Edna S. Calvert, Johns Hopkins Hospital, Baltimore. President examining board, Helen C. Bartlett, 604 Reservoir St., Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral St., Baltimore.

Massachusetts.—President, Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19. Corresponding secretary, Helen Blaisdell, Peter Bent Brigham Hospital, Boston. President State League, Sally Johnson, Massachusetts General Hospital, Boston. Secretary, Ruth Humphrys, Newton Hospital, Newton Lower Falls. President examining board, Mary M. Riddle, Boston. Secretary, Charles E. Prior, M.D., State House, Boston.

Michigan.—President, Mary A. Welsh,

Blodge
Corres
Hurley
Alice I
Secre
Flint
Olin, M
Spelde
Inspect
Office

Min
lour, 3
tary, I
Paul.
Miller
Kimba
examin
S. Lex
Corme
cation
Capito

Mis
King's
tary, I
Hattie
J. H.
Ernest
ford's

Mis
Locus
Cousl
Leagu
Kings
Yale,
Presic
Child
tary,
St., J

Mo
tana
Fran
Helen
Augu
Falls
ichs,

Ne
South
Vida
Oma
Burg
tary,
Oma
tary,
Welf

N
nial
547
boar

N
Dute
fary
merc
Agne
Secr
Stat
boar

Blodgett Memorial Hospital, Grand Rapids. Corresponding secretary, Mabel Haggman, Hurley Hospital, Flint. State League President, Alice Lake, University Hospital, Ann Arbor. Secretary, Helen M. Pollock, Hurley Hospital, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 622 State Office Bldg., Lansing. Inspector, Mrs. Adelaide Northam, 622 State Office Bldg., Lansing.

Minnesota.—President, Caroline Rankielour, 3809 Portland Ave., Minneapolis. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President State League, Bessie Baker, Miller Hospital, St. Paul. Secretary, Myra Kimball, Ancker Hospital, St. Paul. President examining board, Mrs. Sophie Olson Hein, 219 S. Lexington Avenue, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. Educational director, Mary E. Gladwin, Old State Capitol, St. Paul.

Mississippi.—President, Mary H. Trigg, King's Daughters' Hospital, Greenwood. Secretary, Mrs. James A. Cameron, 511 Bay St., Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Mrs. Ernestine Bryson Roberts, Dr. Roland Cranford's Hospital, Laurel.

Missouri.—President, Marie Brockman, 414 Locust St., St. Louis. Secretary, Esther M. Cousley, 5120 Delmar Blvd, St. Louis. State League President, Gene Harrison, 600 S. Kingshighway, St. Louis. Secretary, Louise Yale, Children's Mercy Hospital, Kansas City. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Secretary, Jannett G. Flanagan, 529-a East High St., Jefferson City.

Montana.—President, F. L. Kerlee, Montana State Hospital, Warm Springs. Secretary, Frances Vollmer, Sunnyside Ranch, East Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friedrichs, Box 928, Helena.

Nebraska.—President, Bertha Bryant, 224 South Locust St., Grand Island. Secretary, Vida Nevison, Clarkson Memorial Hospital, Omaha. State League President, Charlotte Burgess, University Hospital, Omaha. Secretary, Homer Harris, Clarkson Hospital, Omaha. Bureau of examining board, secretary, Lincoln Frost, Department of Public Welfare, State House, Lincoln.

Nevada.—President, J. B. MacLeod, Colonial Hotel, Reno. Secretary, Marion Ballesty, 547 Ralston St., Reno. Secretary examining board, Mary E. Evans, 631 West St., Reno.

New Hampshire.—President, Mrs. Ethelyn Dutcher Jenkins, 92 West St., Concord. Secretary, Blanche E. Sanderson, Chamber of Commerce, Laconia. State League President, Mrs. Agnes C. Whidden, 11 Kingley St., Nashua. Secretary, Belle Valentine, New Hampshire State Hospital, Concord. President examining board, Mrs. Harriet Kingsford, Mary Hitch-

cock Hospital, Hanover. Secretary, Ednah Cameron, 8 North State St., Concord.

New Jersey.—President, Virginia Chetwood, 266 Main St., Hackensack. Secretary, Hettie Seifert, 80 Broad St., Elizabeth. Executive secretary, Arabella R. Creech, 42 Bleeker St., Newark. State League President, Jessie M. Murdock, Jersey City Hospital, Jersey City. Secretary, Hettie Seifert, 80 Broad St., Elizabeth. President examining board, Elizabeth J. Higbid, 42 Bleeker St., Newark. Secretary-treasurer, Mrs. Agnes Keane Fraentzel, 42 Bleeker St., Newark.

New Mexico.—President, Stella Corbin, Methodist Sanitarium, Albuquerque. Secretary, Minnie Krueger, 306 S. Edith St., Albuquerque. President examining board, Sister Mary Lawrence, St. Joseph's Hospital, Albuquerque. Secretary and treasurer, Mrs. L. L. Wilson, 804 North 13th St., Albuquerque.

New York.—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Ave., Buffalo. State League President, Elizabeth C. Burgess, Teachers College, New York. Secretary, Mary McPherson, Ellis Hospital, Schenectady. President examining board, Lydia E. Anderson, 167 Prospect Pl., Brooklyn. Secretary, Alice Shepard Gilman, State Education Bldg., Albany.

North Carolina.—President, Columbia Munds, Public Health Dept., Wilmington. Secretary, Mrs. Bessie Powell, 308 North 3d St., Wilmington. State League chairman, Edna L. Heinzerling, Baptist Hospital, Winston-Salem. Secretary, Susan G. Brown, James Walker Memorial Hospital, Wilmington. Educational director, Lula West, Martin Memorial Hospital, Mt. Airy. President examining board, Mary P. Laxton, Biltmore. Secretary-treasurer, Mrs. Dorothy Hayden Conyers, Box 1307, Greensboro.

North Dakota.—President, Edith B. Pierson, Health Demonstration, Fargo. Corresponding secretary, Esther Teichmann, 811 Ave. C., Bismarck. State League President, Sister M. Kathla, St. Michael's Hospital, Grand Forks. Secretary, Sister Gilbert, St. Joseph's Hospital, Fargo. President examining board, Mildred Clark, General Hospital, Devils Lake. Sec., Josephine Stennes, Rugby.

Ohio.—President, Mary A. Jamieson, Grant Hospital, Columbus. Secretary, Mrs. Lucile Grapes Kinnell, 199 Webster Park, Columbus. General secretary, Mrs. E. P. August, 215 Hartman Theatre Building, 79 East State St., Columbus. Chief Examiner, Caroline V. McKee, 275 South Fourth St., Columbus. Secretary, Dr. H. M. Platter, 275 South Fourth St., Columbus.

Oklahoma.—President, Mrs. Ada Godfrey, 1742 South Main St., Tulsa. Secretary, Mrs. Virginia Tolbert Fowler, 622 East 12th St., Oklahoma City. State League President, Antoinette Light, Wesley Hospital, Oklahoma City. Secretary, Edna Duncan, Cherokee. President examining board, Bess Ross, U. S.

Veterans Hospital, Muskogee. Secretary-treasurer, Olive Salmon, 200 E. 8th St., Oklahoma City.

Oregon.—President, Margaret Tynan, 234 N. 19 St., Portland. Secretary, Jane V. Boyle, 660 Johnson St., Portland. State League President, Alvide Aarnes, Good Samaritan Hospital, Portland. Secretary, Helen Hartley, University of Oregon, Portland. President examining board, Emily Sanders, 405 Larch St., Portland. Secretary, Grace L. Taylor, 448 Center St., Salem.

Pennsylvania.—President, Jessie J. Turnbull, Elizabeth Steele Magee Hospital, Pittsburgh. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. State League President, Elizabeth F. Miller, State Department of Welfare, Harrisburg. Secretary, Margaret Lundy, Good Samaritan Hospital, Lebanon. President examining board, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17th St., Philadelphia.

Rhode Island.—President, Ellen M. Selby, Memorial Hospital, Pawtucket. Corresponding secretary, Edith Barnard, 425 Broadway, Providence; State League President, Sarah C. Barry, City Hospital, Providence. Secretary, Mary E. Corcoran, Butler Hospital, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayers, Woonsocket Hospital, Woonsocket.

South Carolina.—President, A. B. Commer, Florence Infirmary, Florence. Secretary, Mrs. Esther G. Mouzon, 717 North McQueen St., Florence. Secretary board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Carrie E. Clift, 1205 West Blvd., Rapid City. Corresponding secretary, Margaret Hoover, 302 Dakota Life Bldg., Watertown. President examining board, Bothilda U. Olson, 510 N. Fourth Ave., Mitchell. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee.—President, Mrs. George Blair, 2642 East 5th St., Knoxville. Secretary, Dixie Sample, 245 South Watkins St., Memphis. State League President, Lena Lyons, Baptist Hospital, Memphis. Secretary, Mrs. C. E. Ferree, Carlisle Place, Chattanooga. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary, treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Anne Taylor, 204 Linwood Blvd., San Antonio. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada St., El Paso. State League President, Mrs. Robert

Jolly, Baptist Hospital, Houston. Secretary, L. Jane Duffy, State Board of Health, Austin. President examining board, Mrs. J. R. Lehman, 2910 Shenandoah St., Dallas. Secretary, Mary Grisby, Box 1557, Waco.

Utah.—President, Blanche Henderson, 686 Milton Ave., Salt Lake City. Secretary, Jane Rawlinson, Salt Lake County Hospital, Salt Lake City, Department of Registration, Capitol Bldg., Salt Lake City.

Vermont.—President, Erna A. Kuhn, 4 Bowles St., Greenfield, Mass. Secretary, Mrs. Joseph W. Blakely, 11 Winter St., Montpelier. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Celia E. Brian, Brattleboro Hospital, Brattleboro.

Virginia.—President, Agnes D. Randolph, 1032 West Grace St., Richmond. Secretary, Natalie Curtis, Sheltering Arms Hospital, Richmond. President examining board, Emma C. Harlan, 206 Ridge St., Charlottesville. Secretary-treasurer and Inspector of Training Schools, Ethel M. Smith, Craigsville.

Washington.—President, Mrs. Ella W. Harrison, General Hospital, Everett. Secretary, Cora E. Gillespie, Room 4, Y. W. C. A., Seattle. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Secretary, Carolyn Davis, Minor Hospital, Seattle. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia.—President, Mrs. C. W. Trent, P. O. Box 250, Charleston. Secretary, Mrs. C. R. Madden, Beckley Hospital, Beckley. President examining board, Frank LaMoyne Hupp, M.D., Wheeling. Secretary, Mrs. Andrew Wilson, 1300 Byron St., Wheeling.

Wisconsin.—President, Cornelia Van Kooy, 558 Jefferson St., Milwaukee. Secretary, Mrs. C. D. Partridge, 527 Layton Ave., Cudahy. State League President, Grace TeBrake, Children's Hospital, Milwaukee. Secretary, Rose Newman, Mt. Sinai Hospital, Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Mrs. Isabel Nelson, Natrona General Hospital, Casper. Secretary, Mrs. Ella Hanson, MacDonald, Bishop Randall Hospital, Lander. President examining board, Mrs. Agnes Donovan, Sheridan. Secretary, Mrs. H. C. Olsen, 3122 Warren Ave., Cheyenne.

TERRITORIAL ASSOCIATIONS

Hawaii.—President, Mabel Smythe, Palama Settlement, Honolulu. Secretary, Ella Keppel, Palama Settlement, Honolulu.

Porto Rico.—President, Rosa A. Gonzalez, P. O. Box 289, San Juan. Secretary, Olympia Torres, American Red Cross, San Juan.

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send news items, subscriptions, changes of address, book orders and all business correspondence to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y. Send articles for publication, books for review, and editorial correspondence to *The American Journal of Nursing*, 370 Seventh Ave., New York.

ary, L.
Austin.
Leh-
retary,

n, 686
Jane
Salt
Capi-

hn, 4
Mrs.
pelier.
awley,
Brian,

dolph,
retary,
spital,
Emma
esville.
aining

a W.
Secre-
C. A.,
yn H.

Secre-
eattle.
mpia.

. W.
retary,
Beck-
k La-
Mrs

ng.
Kooy,
Mrs.
dahy.

Chil-
Rose
aukee.
Adda

on.
elson,
etary,
Ran-

aining
Secre-
Ave.,

alama
eppel,

zalez,
mpia

corre-
arti-
ual of